

# Commonwealth of Massachusetts

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## Mass Fatality Management Plan

*Supplement to the Massachusetts Comprehensive Emergency Management Plan*



September 2013

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## **1 Purpose**

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This living document serves as the Mass Fatality Management Plan for the Commonwealth of Massachusetts. An incident resulting in fatalities that exceed the normal operating capacity of the responding agencies will be designated as a mass fatality and will initiate the activation of this plan.

The plan outlines the general capabilities Massachusetts will need to establish, it identifies the overall roles and responsibilities of the agencies outlined in Section 7.2 and describe the necessary collaboration of organizations involved in a mass fatality response.

This plan focuses on the response to mass fatalities whether man-made or natural. Sections 7- 23 focus on responses to unexpected sudden mass fatalities such as those caused by flooding, transportation accidents or a terrorist attack. Appendix C outlines information specific to responding to prolonged natural death surges such as those caused by a pandemic event.

This plan is to be used in conjunction with the Office of the Chief Medical Examiner's (OCME) established mass fatality response standard operating guidelines and procedures and protocols during non-pandemic responses and the Department of Health's (DPH) guidelines and procedures during a pandemic response.

Users of this plan are encouraged to submit recommendations for changes to further clarify the plan to the OCME.

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## **2 Plan Maintenance and Distribution**

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The OCME is responsible for the maintenance of the Mass Fatality Management Plan. The plan will be reviewed annually and revised as needed to incorporate federal, state, regional and local guidelines or directives and to address operational issues identified during exercises and incidents.

Proposed changes must be provided to the OCME for approval, coordination and distribution. Notices of change will be distributed by OCME.

This plan will be posted with the Massachusetts Comprehensive Emergency Management Plan on the Massachusetts Emergency Management Agency (MEMA) website. The plan will also be posted on the websites of the Department of Public Health (DPH) and the Office of the Chief Medical Examiner. If interested parties are unable to obtain the document from these websites, requests must be coordinated through MEMA, OCME or DPH.

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### **3 Training and Exercises**

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Training and exercises may be ongoing and conducted at least once a year. These annual events will be used to assist in identifying gaps in procedures and reinforcing responsibilities of participating agencies. The plan will be updated as necessary to reflect any changes.

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## **4 Record of Changes**

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The Mass Fatality Plan for Massachusetts will be reviewed annually by the OCME. The OCME will maintain a record of changes to the plan.



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## **5 Authorities**

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The Massachusetts Mass Fatality Management Plan is consistent with the following authorities:

- MGL Chapter 38. Medical Examiners and Inquests
- Executive Order No. 144. Civil Defense
- Massachusetts Civil Defense Act, Chapter 639 of the Acts of 1950, codified as Appendix 33
- MGL Chapter 114. Cemeteries and Burials
- MGL Chapter 46: Section 9. Death certificates issuance; contents; declaration of death by nurse, nurse practitioner or physician's assistant
- Aviation Disaster Family Assistance Act of 1996
- Rail Passenger Disaster Family Assistance Act of 2008
- National Association of Medical Examiners Standard Operating Procedures for Mass Fatality Management 2010

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## 6 Situation and Assumptions

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A mass fatality can occur anywhere in Massachusetts and may be the result of a natural, accidental or intentional event. Solely the number of fatalities does not define a mass fatality response. Other factors that define the response include the condition of the remains, the accessibility of the scene, the complexity of the recovery and resources and capabilities of responding agencies. This plan is based on the following assumptions:

- Incidents will occur that will result in fatalities
- The OCME and the DPH have a finite amount of resources
- Incidents will occur that will exceed the resources of the OCME and the DPH
- Response to a mass fatality will require coordination with partner agencies and organizations
- Family members of the deceased will require a secure place to receive accurate and credible information
- The location or size of the mass fatality incident may exceed the capacity of existing morgues
- Response to a mass fatality incident may be hindered by the circumstances of the incident, such as hazardous materials contamination, severe weather and any other natural or man-made complications
- Mass fatality incidents will draw attention from media and curious bystanders
- Identification is a scientific process that is lengthy and requires attention to detail in assuring that each victim is positively identified through appropriate methods
- Following a mass fatality incident, there will be substantial pressure from the public to identify victims quickly
- In accordance with MGL Chapter 38, Section 13, the notification of death and release of remains and personal property will be made to the surviving spouse, the next-of-kin, or any friend of the deceased, in that order

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## 7 Concept of Operations

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### 7.1 Plan Activation

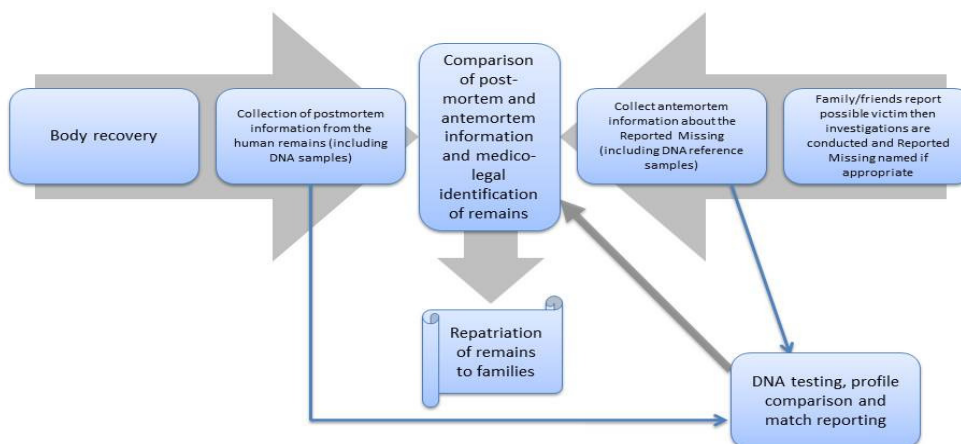
In circumstances that fall under the jurisdiction of the OCME, the Chief Medical Examiner or his/her designee shall activate the Mass Fatality Management Plan. The Commissioner of the DPH shall activate the Plan when managing a response to a mass fatality that does not fall under the jurisdiction of the OCME.

### 7.2 Mass Fatality Overview

A mass fatality incident may be caused by natural hazards (earthquakes, floods and hurricanes), accidental disaster (airline accidents, bridge or tunnel collapses), or acts of terror. A mass fatality can be relatively small and result in a short-term limited need for outside resources or it may be catastrophic and result in the need for extraordinary support from state, federal, and/or private resources. This mass fatality management plan is based on a scalable hierarchy of response that can be tailored to any situation.

### 7.3 Mass Fatality Response Overview

The goal of a mass fatality response is to recover, identify, and return the remains of the deceased in a timely, safe, and respectful manner, taking reasonable care to accommodate religious, cultural, and societal expectations. The following figure outlines the identification process.



### 7.4 Multiagency Coordination

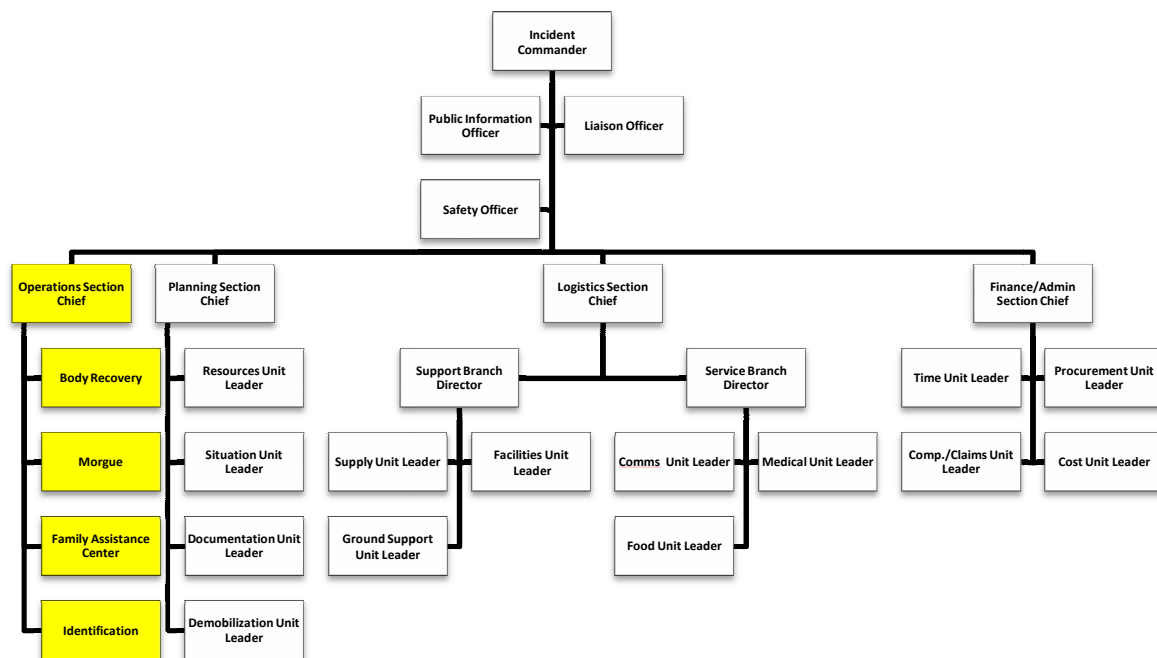
Responding to a mass fatality will involve multiple agencies and organizations. Upon activation of this plan a Unified Command will be established and will include a representative from the responsible agency (OCME or DPH depending on the type of mass fatality) and the lead-

investigating agency having jurisdiction, as well as the Massachusetts Emergency Management Agency (MEMA). Agency representatives from local jurisdictions involved in the incident should be included in the Unified Command, depending on the nature of the incident. No single agency can manage a mass fatality without support from other agencies. All agencies involved will work together to ensure the complete recovery and processing of remains, care of the victims' families, and the maintenance of daily operations. Incidents crossing jurisdictional boundaries may require agencies to manage the incident as multiple incidents or to establish an Area Command.

## 7.5 Incident Command System

Massachusetts will operate under the Incident Command System during a mass fatality incident. Upon activation of this Mass Fatality Plan an Incident Command structure should already be established. Additional agencies activated under this Plan will integrate into the existing structure.

The following organizational chart is an example of the way incident operations may be organized during a response to a mass fatality. Unified Command will determine the appropriate organizational structure based on the size and complexity of the incident. If available, identifying clothing or vests will be used to distinguish incident command roles.



## **7.6 *Management Agency Roles and Responsibilities***

### **7.6.1 OCME**

When an event within the jurisdiction of the OCME becomes a mass fatality, the OCME will provide leadership, direction, and guidance for the mass fatality response within the jurisdiction. In these situations, the OCME is responsible for overseeing recovery and morgue operations, collecting antemortem data about the missing, identifying victims, determining the cause and manner of death, certifying deaths and notifying the next of kin. The OCME may also be responsible for managing the death investigation, although there may be some exception when the mass fatality is the result of criminal/terrorist actions. If the mass fatality is a result of criminal/terrorist actions, and the investigative lead is other than the OCME, the OCME will closely coordinate with that lead agency. The OCME also serves as the Public Information Officer regarding all fatality-related operations and will be responsible for the interactions with the news media. The OCME is also responsible for establishing and maintaining appropriate and current contact lists that include primary and secondary contact numbers for all mass fatality stakeholders.

The OCME will be responsible for the following as appropriate:

- Situational assessment
- Determining the need for additional response assistance and making the request through the appropriate channels
- Coordinating search and recovery operations
- Establishing morgue operations
- Establishing temporary storage of remains
- Establishing and maintaining documentation and numbering system
- Establishing and coordinating family assistance center operations for antemortem data collection
- In legislative incidents<sup>1</sup>, coordinating with the National Transportation Safety Board (NTSB)
- Providing briefings for government officials, victims' families, the media, and mass fatality response workers as appropriate
- Providing information to the public regarding response activities
- Identifying the deceased
- Issuing death certificates
- Notifying the legal next of kin of identifications directly or by designee
- Releasing identified remains to family
- Ensuring proper disposition of unknown and or unclaimed bodies pursuant to MGL 38.

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<sup>1</sup> The U.S. Congress passed the Aviation Disaster Family Assistance Act of 1996 49 USC § 1136, 41313 and 41113. The legislation required a task force led by the National Transportation Safety Board (NTSB) to develop a Federal Family Assistance Plan for Aviation Disasters laying out the components of aviation disaster family assistance and the FAC operation.

### **7.6.1.1 Chief Medical Examiner**

When the Chief Medical Examiner (CME) or his/her designee is responsible for activating the Mass Fatality Plan he/she will serve as part of the Unified Command. The CME will evaluate the scene to ascertain the number and condition of the human remains, the accessibility of the scene, and any challenges associated with the recovery. He/she will designate personnel to conduct the recovery of remains. He/she will identify a location for an incident morgue and activate the resources needed for staffing and equipment. If a Family Assistance Center (FAC) has been established, the CME will activate the Identification Team. The CME assigns personnel to maintain daily OCME operations for the duration of the incident. He/she will work closely with the OCME Chief of Staff to ensure that accurate information is relayed to the families and to the Executive Office of Public Safety and Security (EOPSS) Director of Communications.

### **7.6.1.2 MEMA**

Massachusetts Emergency Management Agency (MEMA) will assist with resource coordination by locating and activating resources and facilitating resource requests from local, regional, state, and federal agencies, as well as through the Emergency Management Assistance Compact (EMAC).

### **7.6.1.3 DPH**

DPH will be the responsible agency for the mass fatality management response if it is a result of a pandemic or other significant communicable disease outbreak resulting in a large number of deaths. See Appendix C for specific information related to a Pandemic Response.

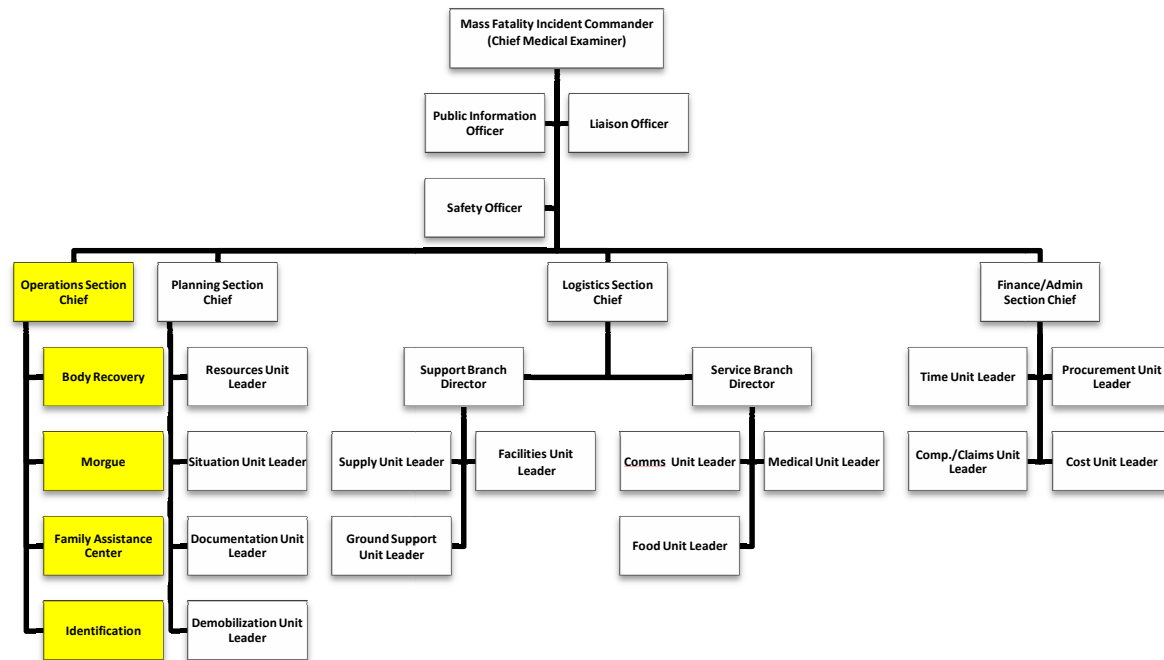
### **7.6.1.4 Department of Public Health Emergency Preparedness**

The Department of Public Health Emergency Preparedness will manage the ESF8 desk in the Emergency Operations Center (EOC).

## ***7.7 Mass Fatality Response Organizational Chart***

Proper management and communication is essential to a successful mass fatality response. The identification of human remains requires the comparison of information from body recovery, morgue operations, and the Family Assistance Center. Therefore, efficient communications between these operational components is critical. An organizational chart is an important tool for the successful communication of the management hierarchy to all individuals involved the mass fatality response. When questions arise, the proper managers should be easily identified and consulted. Below is a NIMS organizational framework that should be used and modified to meet the

management needs of the mass fatality response.



An Incident Command Structure (ICS) is modular, building from the top down and allowing for expansion or contraction as needed. The five basic functional areas are Command, Operations, Planning, Logistics and Finance/Administration. For smaller mass fatality responses the organizational chart may roll up into the overall incident response plan outlined in Section 7.1. This mass fatality management plan addresses the operational components of the mass fatality response:

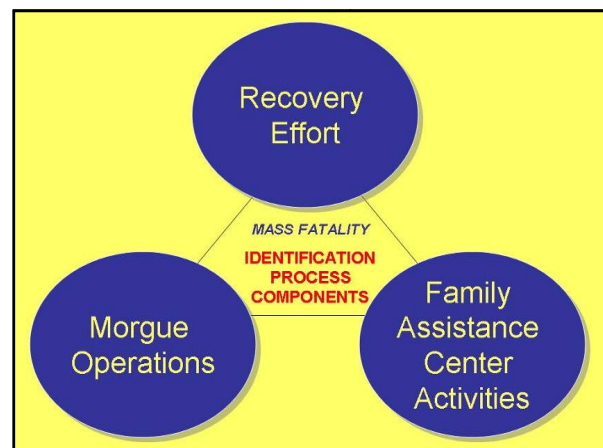
- Body Recovery
- Morgue Operations
- Family Assistance Center
- Identification Operations

Body release functions will take place between morgue and family assistance center operations in a coordinated fashion.

## 7.8 Mass Fatality Response Operations Overview

A successful mass fatality response must integrate several operational components critical to the identification process: body recovery, morgue operations, family assistance center operations, human identification and body release.

The first step in the identification process is the recovery of deceased bodies from the incident site and the transportation of these bodies to the morgue or other location for postmortem examination. It is



imperative that individuals specifically trained in body recovery are involved in this process. These individuals must gather and record data at the scene, carefully and thoroughly document the position and outward condition of the remains, and ensure the data accompanies the recovered remains to the morgue. Critical data collected during the recovery process typically include:

- Precise location of the remains
- Condition of the remains
- Clothing and other personal effects related to the remains
- Tentative identification information

When the location and condition of the remains have been properly documented, each set of remains, or fragments of remains, should be considered and treated as separate recoveries, placed in their own body bag, and given a unique recovery or field recovery number. After the body or body fragments have been recovered, the body or fragments are transported along with recovery documentation either directly to the morgue or to a transfer site to await transfer to the morgue.

The second component of the identification process is the morgue operations where postmortem data is collected. Morgue staff members perform an examination of the body and carefully and cautiously record postmortem information into a main database designated for storing and retrieving this type of information. A morgue operation typically includes the following functional units: Decontamination (if necessary), Triage, Admitting, Personal effects, Photography, Radiology, Fingerprint, Dental, Pathology, Anthropology, and DNA. After morgue staff members have assessed remains and have determined that the remains are not contaminated, each unit examines the recovered bodies, fragmented remains, and associated personal effects and then gathers applicable postmortem information. When the examination is complete, the body will be stored in an appropriate storage unit until it is identified and returned to the legal next of kin. If the body remains unidentified or is identified but unclaimed, the body will be released to a funeral home through the Department of Transitional Assistance.

The third component of the identification process is the Family Assistance Center (FAC) operation, which is usually established away from the disaster site so that sights, sounds, and smells from the disaster cannot be detected. The FAC provides an opportunity for information exchange between the authorities and the families and friends of the deceased in a safe and secure environment. The FAC also provides limited critical services to the public. The following activities take place at the FAC:

- Collection of antemortem data during interviews with family members.
- Dissemination of information to the public and specifically to the families of the deceased.
- Notification of death to the families.
- Assistance in releasing the bodies to family members.
- Assistance with the physical, mental and spiritual needs of the affected families and community in dealing with the mass fatality.

In order for the OCME to positively identify the unidentified human remains, the antemortem information gathered at FAC is compared to postmortem data gathered at the morgue. Additionally contextual data may also be evaluated in the identification process. Identifications shall be based on



sound scientific/forensic evidence. The Medical Examiner must agree with the comparison findings for a positive identification to be reported.

### ***7.9 Planning Overview***

The Planning Section is responsible for collecting, evaluating, and disseminating operational information pertaining to the mass fatality response. This section maintains information and intelligence on the current and forecasted situation, as well as the status of resources assigned to the response. For example, the Planning Section will take information such as number of bodies that are being recovered on a daily basis and will estimate the personnel and equipment needs for the next week/month.

### ***7.10 Logistics Overview***

The Logistics Section provides for all the support needs for the response, such as ordering resources and providing facilities, transportation, supplies, equipment maintenance and fuel, food service, communications, and medical services for incident personnel. For example, the Logistics Section will take the information from the planning section and acquire the needed personnel and equipment for the body recovery exemplified above.

### ***7.11 Finance & Administration Overview***

The Finance/Administration Section supports incident management activities by monitoring funding, tracking, and reporting accrued cost throughout the response.

### ***7.12 Resource Coordination***

Mass fatality incidents will exceed local response capacity. Once local resources are no longer sufficient or are likely to be depleted, additional resources may be drawn from regional mutual aid agreements at the local, state, and federal level using appropriate procedures. Massachusetts Emergency Management Agency (MEMA) will assist with resource coordination by locating and activating resources and facilitating resource requests from local, regional, state, and federal agencies, as well as through the Emergency Management Assistance Compact (EMAC). Section 23 outlines how resources can be accessed and obtained.

Appendix B outlines supporting agencies, roles and responsibilities and the method that can be used for activation. Other agencies not listed in Appendix B may have authorities, resources, capabilities, or expertise required to support response to a mass fatality incident. These agencies may be requested to participate in the response as needed. Federal resources may be requested to assist as described in Section 24, Federal, State and Local Interface.

### ***7.13 Spontaneous Volunteers and Self-Dispatching***

It is important that all individuals involved in the official mass fatality response be properly credentialed. For the safety of everyone involved in the management of a mass fatality, at no time will self-dispatching of responders be permitted. A responder who arrives at any operational areas

without being requested through proper channels will be directed to non-governmental organizations participating in the mass fatality response or turned away.

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## **8 Activation**

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The responsible agency for fatality management in most mass fatality incidents will be the OCME. A major exception to this is a mass fatality related to a pandemic or other significant communicable disease outbreak and resulting in a large number of deaths occurring in hospitals. In this circumstance, the DPH will be the responsible agency for the fatality management. The OCME will manage deaths that fall under its jurisdiction and play a support role as necessary to the pandemic response. See Appendix C for response information for pandemic specific information.

The Chief Medical Examiner or designee or the Commissioner of the Department of Public Health or designee will make the decision to activate the plan based on a combination of factors. Such factors include the number of fatalities, the condition of the remains, and the overall complexity of the incident.

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## **9 Overall Considerations**

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### **9.1 *Data Management***

The OCME will use the most appropriate data management system for the mass fatality response. For example, when incidents involve a large number of human remains, the OCME may use the federal government's Victim Identification Program (VIP) to manage and track the data from the recovery, temporary morgue and FAC operations. For smaller, closed incidents, the OCME may manage data on paper and also use their internal case management system.

### **9.2 *Credentialing***

All responding personnel must check in at the designated location. Each responder must present an agency ID. Funeral home personnel will be expected to present a funeral home license and a valid driver's license.

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## 10 Missing Persons Operations

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Upon activation of the Mass Fatality Plan, Mass211 will be utilized to gather information from people who believe their family member may have been involved in the incident. Mass 211 will be used before the Family Assistance Center phone lines are operational. MEMA is responsible for notifying 211 of the emergency and providing a script for the 211 operators. MEMA will develop the script with assistance from OCME and/or DPH. Once the script has been provided to 211, MEMA will be responsible for disseminating a press release instructing the public to call 211 from in-state and 1-877-211-MASS (6277) from out of state if a loved one is believed to be involved in the incident. The 211 operators will collect the name, phone number and address of the caller. They will also collect the name, phone number and address of the person for whom the caller is looking. Callers are informed that their call will be returned by the responsible agency in order to collect further information. 211 will provide the information to the responsible agency (DPH or OCME), and the responsible agency will then follow up on the inquiry to gather more information and to confirm whether or not the person about whom they called was involved in the incident.

If the incident occurs in Boston, the Mayor's Emergency phone number will be activated (1-617-635-4500). This number will be staffed 24/7 at City Hall. If the Mayor's Emergency phone number becomes overwhelmed 211 should be activated to supplement. All other communities in Massachusetts will immediately begin using 211, and all information collected will be forwarded to the appropriate agency at the FAC.

A mass disaster that involves fatalities and survivors may also include missing persons. The American Red Cross will make the Safe and Well missing person website available to families looking for a loved one. The website allows victims to register on the website and report that they are safe using pre-scripted messages. The Safe and Well website is available through [www.redcross.org](http://www.redcross.org). By using the person's name and pre-disaster phone number or full address, families can visit the website and look up their loved ones if. Privacy is respected. The results of a successful search will display a loved one's first name, last name, an "As of <date>", and the pre-scripted "Safe and Well" message selected.

As law enforcement agencies are involved with missing persons activities on a daily basis and have the expertise and resources needed to effectively and efficiently locate the missing, they are often the best suited to handle missing persons activities in a mass fatality response. The Missing Persons Operation will determine which reported missing individuals are actually missing and presumed dead as a result of the event and which individuals may have been displaced. Determining a list of the "truly missing" narrows the field of potential identities of deceased held in the morgue. A Missing Persons Operation that identifies and closes the reports of those individuals merely displaced (rather than deceased) is important to the success of the overall mass fatality response. By eliminating the spurious missing person reports, collecting antemortem information from the families of the "truly missing" rather than of the displaced can be conducted.

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## 11 Jurisdiction

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Law enforcement jurisdiction in Massachusetts is defined geographically as well as by subject matter. Typically, Massachusetts State Police Detectives assigned to the respective District Attorney's office conduct death investigations within their assigned counties. Additionally, state police jurisdiction extends to state-owned property, buildings, and certain designated waterways. State police detectives work in partnership with the local police and other state agencies. Notably, the District Attorney's office has delineated certain exceptions (e.g., Boston, Springfield, Worcester) where the local law enforcement agency is designated as the lead agency in death investigations.

Under the National Response Framework, the United States Attorney General has lead responsibility for criminal investigation of terrorist acts. The Attorney General will generally exercise this responsibility through the Federal Bureau of Investigation.

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## 12 Scene Considerations

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In response to a contained or localized incident, the CME or his/her designee will work with the law enforcement agency (ies) that has jurisdiction to establish the appropriate security perimeter around the scene of the mass fatality. The security perimeter will be set up and secured by law enforcement and will include:

- Staff entry and egress points
- Restricted access (e.g., to the media, bystanders, and nonessential personnel) into and out of the scene and secured areas through the security perimeter
- Screening of agency identification badges
- Brief/debrief of personnel when entering or leaving the area
- Removal of unauthorized personnel from the scene
- Escort and security for refrigerated trucks and other required/requested resources
- A requested no-fly zone over the scene

A death scene initially will be treated as a crime scene and as such must be maintained and minimally disturbed during the removal of survivors. No property, fragmented remains, or other items will be removed during the rescue operations unless they are critical to the full recovery of a survivor, in which case they may be transported to the hospital with the victim. Once all survivors have been removed, the scene is secured and access restricted to facilitate further investigation and removal of decedents.

A two-zone perimeter will be established. The inner perimeter includes all areas in which victims, evidence or property may be found. Entry into the inner perimeter must be strictly controlled and documented and will only personnel authorized by the CME or his/her designee will be allowed access. Entry into the inner perimeter will be by specific identification only. An outer perimeter will be immediately established by law enforcement at the maximum distance from the incident that can be secured. No one other than assigned emergency workers will be allowed within the outer perimeter. If the incident involves hazardous materials, hot, warm, and cold zones will be established.

In response to a widespread mass fatality, the security needs are less predictable. Law enforcement may have to provide security at hospitals and at various locations throughout the impacted area.

### **12.1 Staging Area**

The Staging Area is the location where personnel and equipment awaiting assignment will gather. The area must be a safe distance from the incident and easily accessible by responding agencies. There may be multiple staging areas if deemed necessary by the Operations Section Chief or the Unified Command.

### **12.2 Crime Scene Investigation**

Law enforcement will conduct on-scene investigation. This will include securing the scene and canvassing the area. Witnesses and suspects will be interviewed. The scene will be processed and processing will include the collection of photographs and evidence.

### **12.3 *Evaluation Team***

The Evaluation Team is comprised of the Chief Medical Examiner and the Deputy Chief Medical Examiner or designee. The evaluation team integrates into the command structure and confirm with the Unified Command that scene security and safety clearance have been accomplished and that survivors have been removed. They will receive clearance from Unified Command to enter the scene. As certain factors will significantly impact the entire response effort, the Evaluation Team will assess the following to construct an adequate mass fatality response:

- **“Closed” or “Open”:**
  - “Closed” Incident: A closed incident occurs when the identities of the deceased are mostly or completely known at the onset of the event because there is a list of the deceased (e.g., an airplane manifest). Although there may be a small number of individuals reported missing who are not on the manifest, or other lists of the deceased, determining the “truly missing” is a relatively straightforward task. Accordingly, the overall response effort is often much shorter in a closed incident.
  - “Open” Incident: An open incident occurs when initially there is no manifest or list of the “truly missing” and presumed deceased. Following an “open” mass fatality, where the number of potential deceased is unknown, history has repeatedly shown that many more people are reported missing than have actually perished. In “open” mass fatalities, a Missing Persons Operation should be established. The process of sorting through individuals who are reported missing but are alive and individuals who are “truly missing” and presumed deceased lengthens the mission.
- **Size and Scope:**
  - Size: The number of reported missing and/or the number of deceased will affect the length and overall size of the response. Typically, approximately 8 to 10 family members per deceased may visit the Family Assistance Center.
  - Scope: When an incident stretches across a large geographical area and involves a greater number of agencies, there may be multi-jurisdictional issues. For example, if the mass fatality incident involves multiple states, then each state will be responsible for identifying their citizens and each state will establish a Family Assistance Center (or like entity). In order for identifications to occur, the antemortem and postmortem information must be compared. In order to allow for a more coordinated effort, the OCME should work with other city, county, and state agencies to share information and mitigate confusion.
- **Rate of Recovery of Remains:** The longer it takes to recover remains, the longer it will take to make positive identifications, thus prolonging the need for response operations. As families await notification of the positive identification of their missing loved one, the need for assistance will persist and possibly intensify over time. As distraught families become increasingly grief-stricken and emotional, spiritual needs may escalate. Additionally, families who have traveled from a distance may need assistance with housing, medical issues, transportation, and/or other physical needs.

- **Condition of Remains:** Fragmented remains take longer to recover and identify, thus incidents involving fragmented remains will lengthen the response effort and may cause additional emotional stress to families. Accordingly, the body release process will be more complex and a notification and release policy for fragmented remains must be established and followed. When a family learns that their loved one's body is fragmented, their grief may increase along with their need for psychosocial/spiritual assistance. Other body conditions (e.g., contamination, decomposition, burning etc.) could have an impact on the response and must be dealt with on a case-by-case basis.
- **Population/Surviving Family Displacement:** An incident that disperses surviving family members over a large geographical area will impact the Family Assistance Center construct and length of operation. Fatalities involving family displacement will likely result in operations that will be mostly virtual. In fatalities involving displacement, the majority of interaction with families will occur via telephone. In a virtual MF FAC, the Call Center Unit will require an increased effort and significantly more staff. Communicating with surviving family members via telephone can present many difficulties (e.g., families often move from location to location without leaving forwarding numbers).
- **Impact on Local Resources:** Local resources may be affected by the incident itself, rendering them unavailable to assist with the mass fatality operations. In this situation, there will be an increased demand on assistance from outside the Commonwealth of Massachusetts. It is important to note that daily responsibilities of the OCME's Office not associated with the mass fatality incident will continue to occur and will have to be addressed concurrently with mass fatality response operations.

The evaluation team will work with first responders at the incident site (e.g., Fire Department, Hazmat teams) to evaluate the scene and ensure the site is safe for recovery operations. If a potential hazard is suspected at any point during the recovery efforts, the recovery effort shall be halted until the appropriately trained individuals deem the scene safe. In addition to an initial scene evaluation ensuring safety, the scene must be secured for the protection of the site and the responders. Securing the scene will preserve the site and promote the integrity of all mass fatality evidence, including human remains, personal effects, and any other items that may assist in identifying the deceased.

Once the OCME deems the site safe to enter, a scene evaluation team shall assess the disaster site, establish communication with the onsite commander, evaluate the scene to determine the size and complexity of body recovery operations, and develop a field action plan. The evaluation team should:

- Document date, time, and location of incident
- Determine size and scope of scene
- Obtain photo and/or video documentation (video documentation shall be made without sound)



- Determine number of known fatalities
- Estimate number of potential fatalities
- Estimate number of remains for autopsy
- Determine the condition of the bodies
- Appraise accessibility of the incident scene and determine level of difficulty for body recovery
- Identify possible biological, chemical, physical or radiological hazards
- Determine types and numbers of personnel and equipment needed for body recovery

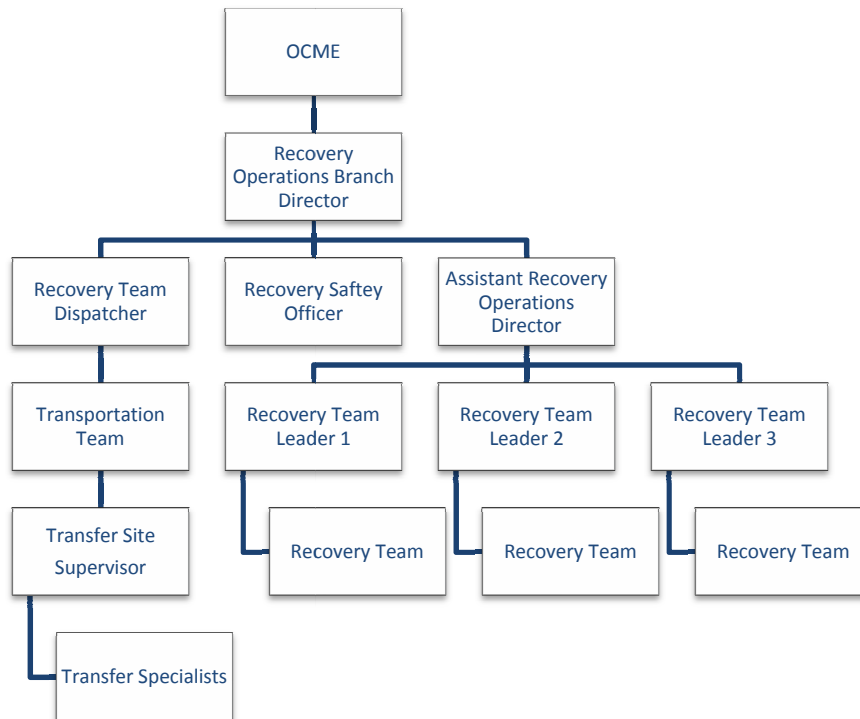
Information obtained from the site evaluation will assist in developing and establishing not only the Recovery Operations, but also the Morgue and Family Assistance Center operations. This information will be used to develop appropriate incident specific recovery policies, procedures, and forms and will help determine the resources—equipment, supplies, and personnel—required to properly recover the human remains. It is important that standard procedures and nomenclature be used across the entire scene. If various recovery teams use different nomenclature to document the search for bodies it will be difficult, if not impossible, to have a good understanding of the bodies that have or have not been found.

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## 13 Body Recovery

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### 13.1 *Organizational Chart for Body Recovery*



### 13.2 *Search and Recovery Team*

When all survivors have been rescued from the scene, the mission shifts to search and recovery. Search and Recovery (SAR) involves locating and removing human remains, fragmented remains, and personal effects. All human remains and fragmented remains must be treated with the utmost dignity and respect at all times. The Search and Recovery Team, made up of local law enforcement personnel and State Police Crime Scene Services, OCME Personnel, a Forensic Anthropologist from the OCME, and other personnel designated by the unified command, systematically searches for and marks the locations of human remains, fragmented remains, and personal effects. The SAR Team establishes a search plan that provides for a thorough, deliberate, and overlapping search of the scene. They ensure that a perimeter is established around the scene, that access is controlled and that remains and personal effects are not removed or disturbed. The SAR Team maintains a log to record numbers and location of human remains and fragments as they are found. The State Police Collision Analysis and Reconstruction Section (CARS) may be requested to conduct forensic mapping using Total Station. They will photograph and video record the scene prior to removing any of the remains or personal effects. Each unit of human remain(s) is tagged, numbered and removed from the site by the OCME.

The Transportation Team transports remains to the morgue. All personal effects found on a body or in association with human remains will not be removed and will stay with the body when it is placed into the body bag. Each human remain(s) is placed into a separate body bag and given a separate number.

### ***13.3 Transportation Team***

The Transportation Team transports remains from the scene to the Incident Morgue. The assigned member of the Team at the scene will log the remains and give the log to each driver who transports the remains. Upon arrival at the Incident Morgue, the driver releases the remains along with a copy of the log. The Admitting Team at the Incident Morgue will check the log. OCME staff may also staff the Transportation Team. For larger incidents, funeral directors may be requested to assist with transportation.

### ***13.4 Crime Lab***

The State Police Crime Lab will deploy personnel (e.g., chemists, photographers and ballisticians etc.) as needed to the scene. The scene will be processed and evidence will be photographed and documented. The Crime Lab will process fingerprints and personal effects that are considered evidence.

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## 14 Incident Morgue Operations

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Depending on the size and nature of the incident, the CME or his/her designee will determine where to establish an incident morgue. The site may be at the Office of the Chief Medical Examiner or another location closer to the incident. The CME or his/her designee will lay out the morgue, giving consideration to the physical condition of the decedents, the number of decedents, and the number of personnel needed to perform morgue functions. The operational areas may include areas for decontamination verification, admitting, forensic pathology, forensic photography, personal effects, fingerprinting, odontology, radiology, anthropology, pathology, DNA, and release of remains.

The main purposes of morgue operations are to determine the cause and manner of death and identify decedents. All fully intact or fragmented human remains entering the morgue must go through the admitting station and receive a morgue number. A thorough tracking and/or logging system must be in place to keep an account of all human remains being entered into the morgue and processed. The CME or his/her designee will determine a numeric system. The use of highly skilled professionals for each of the morgue operational areas is important. Postmortem records will be completed for each decedent as they are processed through each operational station. Postmortem records include DNA, personal effects, photography, radiographs, anthropology, fingerprints, and odontology and pathology reports.

The postmortem records will be compared to the antemortem records obtained from the decedents' families and other sources such as finger print repositories and hospital X-rays. Personal effects found on the victim will not be used as positive identification, but rather tentative identification. Positive identification is a responsibility of the CME or his/her designee. On a case-by-case basis the CME may permit visual recognition and or other contextual information as a form of identification. After identification is established, the CME can release the remains in accordance with the desires of the next-of-kin.

A mass fatality incident is a traumatic event for the next-of-kin, as well as for the community. There will be tremendous pressure on the OCME to identify the victims quickly. It is crucial to follow procedures and resist the temptation to make hasty identifications to appease the public. The Public Information Officer may be able to assist with explaining the importance of making positive identifications. But it is important for all of the morgue staff to realize that it will be impossible to meet the expectations of the general public, no matter how quickly or efficiently the victims are identified.

### 14.1 *Incident Morgue Locations*

During a mass fatality incident, it may be necessary for the Chief Medical Examiner to identify an incident morgue due to the number of fatalities or the location of the incident. An incident morgue is the location where decedents are identified, cause and manner of death is determined, property is identified and secured, and disposition decisions are made. Local funeral homes may be able to help transfer decedents from the scene to the Incident Morgue.

Depending upon the size and location of the disaster and the number of fatalities involved, the current morgue facilities at the OCME might not be sufficient to handle the mass number of decedents. In this case the OCME morgue facility will only be used for deaths that occur within Massachusetts on a daily basis. The OCME does have a portable morgue that would be used during a mass fatality event. The Incident Commander and Chief Medical Examiner would consult to determine the most appropriate place for this tent.

If the Chief Medical Examiner determines the portable incident morgue would not be set up, then another facility may be utilized. The following requirements will be considered in deciding whether a facility is adequate enough to support incident morgue operations:

- Secure with perimeter fence if possible
- 5000-8000 square feet of space
- Hot/cold running water
- Electricity
- HVAC
- Drainage
- Bio-waste storage/removal capacity
- Parking
- Restrooms
- Communications (telephone lines installed, internet)
- Temperature-controlled rooms or space to accommodate refrigerated transport containers
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Some examples of facilities that might be appropriate locations for an incident morgue would be:

- Airport hangar
- Unused warehouse
- National Guard Armory
- Medical Examiner Office

The OCME will avoid the use of the following types of facilities as incident morgue locations:

- Schools
- Public facilities (e.g., ice skating rinks, sports stadiums)
- Hospitals

## **14.2 Refrigeration**

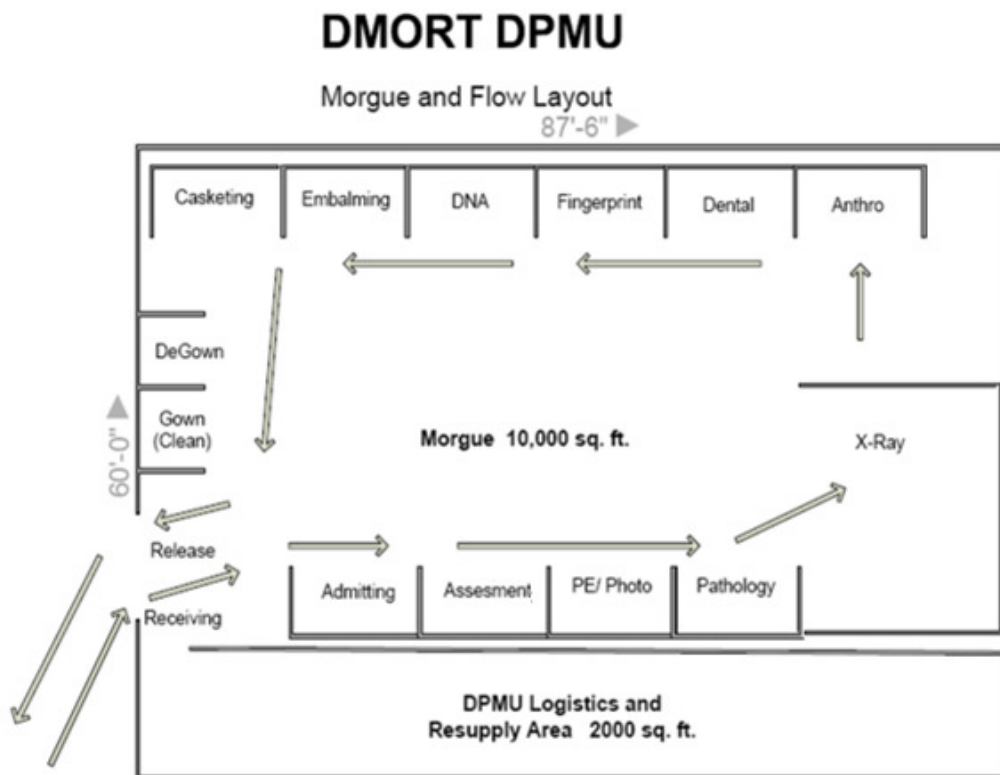
Following a mass fatality incident, it is possible that demand for morgue space will exceed available capacity and an Incident Morgue will have to be established. Proper refrigeration of remains is essential. Requests for refrigerated trucks will be coordinated through MEMA. MEMA will facilitate obtaining the trucks, but the requesting agency will take responsibility for managing the trucks and for any associated costs. The trucks will need to be secured by the appropriate law enforcement agency based on the location. The following guidelines will be used to ensure appropriate refrigeration:

- Acceptable surge morgues include rooms that can be temperature controlled or refrigerated transport containers (“reefers”)
- Remains must be stored at 38° to 42° Fahrenheit
- Storage areas must have low humidity
- Remains must lay flat with space to walk between
- If space is limited, storage racks are acceptable, but must be sturdy enough to hold the weight
- Remains must not be frozen
- Remains must not be stacked
- Ice rinks are not acceptable for storage

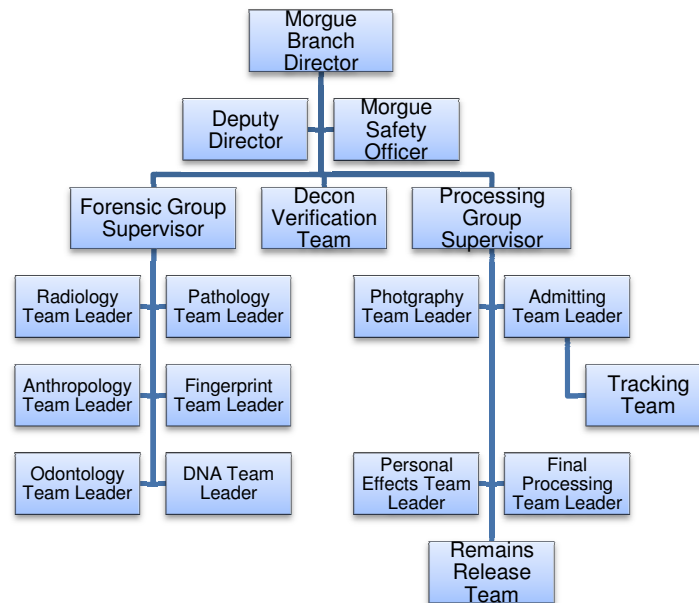
### 14.3 *Bio-waste*

The OCME will bring empty hazardous waste boxes to the incident morgue and will return them to the office sealed. The boxes will be picked up from the OCME according to normal procedures. The OCME will manage the waste produced in the morgue. Any entity providing decontamination will manage that waste according to the entity’s standard operating procedures.

### 14.4 *Incident Morgue Floor Plan Example*



## 14.1 *Organizational Chart for Morgue Operations*



## 14.2 *Incident Morgue Positions*

The following positions will be assigned to staff the Incident Morgue. Positions must be assigned to trained and qualified individuals. All Incident Mortuary Operations will fall under the responsibility of the CME or his/her designee.

### 14.2.1 Morgue Group Supervisor

The Morgue Group Supervisor manages all non-scientific morgue staff. He/she is responsible for maintaining adequate staffing levels at the Incident Morgue throughout the incident, ordering supplies, and ensuring proper processing technique compliant with OCME policies for each team.

### 14.2.2 Forensic Group Supervisor

The Forensic Group Supervisor manages the scientific staff at the Incident Morgue and ensures that proper procedures are followed. The Supervisor oversees the process of victim identification and ensures that injuries and evidence for investigative purposes are properly documented. He/she will also ensure that proper scientific staffing is maintained throughout the pathology, fingerprint, odontology, anthropology and DNA stations. The Forensic Group Supervisor reviews all positive identifications with the Chief Medical Examiner.

### 14.2.3 Morgue Safety Officer

The Morgue Safety Officer assists in the setup of the incident morgue, supervises proper morgue waste management processes, and maintains compliance with OCME safety standards. The Morgue

Safety Officer also ensures that essential mass fatality equipment is accessible to the staff working at the incident morgue and assists with ordering other personal protective equipment.

#### **14.2.4 Decontamination Verification Team**

Decontamination will be done in the field as needed. The Decontamination Verification Team is made up of HazMat Technicians. For incidents involving contamination, the Decontamination Verification Team, managed by the Department of Fire Services, monitors remains entering the morgue to ensure they have been thoroughly decontaminated. The Decontamination Verification Team will also periodically monitor the morgue to ensure that it is not contaminated.

#### **14.2.5 Admitting Team**

The Admitting Team manages postmortem files and serves as the point of contact for morgue operations. The Admitting Team check the transportation log that accompanies all human remains transported to the morgue from the disaster site. The log contains the number of body bags in the transport vehicle, the vehicle license plate number, the signature of the driver, and the recovery team that recovered the remains. The Team ensures that a morgue number is assigned to the human remains. A forensic anthropologist or pathologist may be present in the admitting section to assist in the triage of the remains and to ensure that the trackers escort the remains to a specific morgue location. The Admitting Team maintains an admitting log that reflects the date, time, admitting person's name, assigned tracker, and destination of the remains.

#### **14.2.6 Tracking Team**

The Tracking Team escorts assigned human remains through the entire process. The Tracking Team maintains full control and tracking of human remains throughout the morgue while maintaining the chain of custody and safe keeping of documentation. The Team ensures that the proper documentation forms are collected and transfers them along with the decedent to the Release of Remains Team once the process is completed.

#### **14.2.7 Forensic Pathology Team**

The Forensic Pathology Team determines the cause and manner of death. The Forensic Pathology Team documents injuries and evidence for investigative purposes and examines any specific or unusual injury patterns associated with personal effects (e.g., abrasions due to glasses, burn marks from a wrist watch).

#### **14.2.8 Forensic Photography Team**

The Forensic Photography Team is staffed by the State Police Crime Scene Services. They photograph all human remains that enter the morgue and maintain a chronological log indicating the Morgue Admitting Number and a description of the remains. The Forensic Photography Team photographs any identifiable characteristics such as tattoos or scars and any injury or trauma to collect photo documentation that can be used in criminal proceedings if necessary. Only authorized persons, such as the Forensic Pathology and Personal Effects Teams, may take photographs inside the morgue. No photos will be released, duplicated or removed from the morgue without the written permission of the Chief Medical Examiner.



#### 14.2.9 Personal Effects Team

Personal effects are classified into the following categories:

- **Associated** – Personal items that can be identified to a specific victim. Examples include rings or earrings found on the victim or a wallet found in a carry-on bag with a driver's license, credit cards, and other items with a specific person's name.
- **Unassociated** – Personal items that cannot be identified to a specific person. Examples include necklace or earring found near, but not on a victim, or clothing that has spilled out of a suitcase.

The Personal Effects Team photographs and documents any clothing or jewelry found on a victim before it is removed by a designated person in the morgue. Personal effects are not returned to families while they are in the Family Assistance Center.

When the mass fatality incident is an aviation crash that falls under the Aviation Disaster Family Assistance Act, the air carriers have specific protocols established on the handling, processing and return of personal effects to the appropriate family members.

#### 14.2.10 Fingerprint Team

The Fingerprint Team is staffed by the State Police Crime Scene Services. They organize and implement the processing effort to obtain postmortem prints from the human remains. The Fingerprint Team conducts comparisons between the postmortem and all available antemortem records. The Team processes the prints and verifies by two qualified fingerprint specialists and then discusses the identification with the Chief Medical Examiner for approval.

#### 14.2.11 Odontology Team

The Odontology Team reviews human remains for potential identification utilizing the most appropriate technique. Radiographs of all dentition are required in cases where there is no positive ID and antemortem records have not yet been located. Remains will go through each station of the morgue. A station is not skipped unless remains are not present to go through the station. The results will be used in comparisons for identification.

#### 14.2.12 Radiology Team

The Radiology Team uses radiographs for identification of victims through antemortem and postmortem comparisons. Radiographs are also used to locate foreign objects in a particular body. The Radiology Station will be in an area of the morgue that is secluded from the other processing stations. A Forensic Anthropologist will also staff the Radiology Team to help determine if remains are human or nonhuman and to aid in identifying commingled cases.

#### 14.2.13 Forensic Anthropology Team

Forensic Anthropologists may assist at the recovery site as well as in the incident morgue. He/she reports to the CME or his/her designee. The Forensic Anthropologist will brief the personnel at the site prior to commencing activities. The Forensic Anthropologist ensures recovery of all human remains that will be transferred to the incident morgue and ensures proper documentation for each

body bag leaving the site. He/she maintains records identifying the location of remains within the disaster site.

At the morgue the Forensic Anthropologist maintains a log including the date, time, location, bag number, and a brief description of the condition of the human remains. He/she analyzes skeletal remains to determine gender, age, ethnicity, stature, and distinguishing characteristics. The Forensic Anthropologist separates commingled remains and ensures that a new number is assigned to each fragment. He/she compares ante-mortem and postmortem data to determine positive identification (e.g., radiographs, skeletal information). The Forensic Anthropologist may remove bone samples for DNA testing if needed.

#### **14.2.14 DNA Team**

The Chief Medical Examiner or designee will determine the criteria to be used for tissue sampling and testing. The DNA Team will obtain biological material samples from all human remains even if all remains have been positively identified. The State Police Crime Lab or Boston Police Crime Lab typically will only process DNA samples that are obtained for a criminal investigation. In other circumstances, the OCME will contract for DNA testing to be done by a private lab.

#### **14.2.15 Quality Assurance Team**

A Forensic Anthropologist, an Odontologist, a Forensic Technician and a Medicolegal Investigator staff the Quality Assurance Team. The purpose of the team is to review postmortem records to ensure completeness and to ensure identifications are correct prior to release from the morgue.

#### **14.2.16 Release of Remains Team**

The Release of Remains Team ensures that all necessary release documentation is in order. A log will be used and will document the morgue number, name of deceased, date and time of release, name of funeral home, driver name, vehicle's license plate number, and driver signature. The release process will include a complete review of all identification documentations and a cross check of all morgue numbers, including those established at the site and in the morgue.

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## **15 Holding Facility**

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Based on the circumstances of the incident, there may be a need for a Holding Facility. A Holding Facility will be established if there is a large number of remains waiting to be processed or waiting to be transported to funeral homes. Remains waiting to be transported to the morgue will be kept separate from remains already identified and waiting to be transported to funeral homes. The location will have an office for the personnel who are managing the Holding Facility. All remains will be logged and their location will be mapped. Remains will be stored at a temperature of 38-42 degrees Fahrenheit. Transporting remains to and from the Holding Facility will require the use of professional funeral or OCME vehicles. OCME and DPH personnel will staff the holding facility will be staffed and law enforcement will secure the facility. Law enforcement will also ensure that only authorized personnel enter the facility.

### **15.1 *Fixed Facility***

A holding facility inside an existing building will meet the following requirements:

- The facility will be staffed 24/7
- All remains will be stored in body bags and marked with an accurate and reliable numbering system implemented by OCME
- Remains will not be stacked – metal or plastic shelving may be used to allow additional space (wood shelving will never be used)
- Metal or plastic shelving may be acquired from home supply stores
- Exterior doors will be locked at all times
- Access to the building will be limited
- The building will be well lit
- Holding facility personnel will have office space
- The building will have refrigerated storage
- Facilities will be screened from public viewing to ensure proper dignity and respect

### **15.2 *Refrigerated Transport Vehicles***

If a fixed facility is not available for use as a holding facility, refrigerated transport vehicles may be used and must meet the following requirements:

- The facility will be staffed 24/7
- All remains will be stored in body bags and marked accordingly
- Remains will not be stacked – metal or plastic shelving may be used to allow additional space (wood shelving will never be used)
- Refrigerated trucks can generally hold 25-30 bodies
- Trailer doors will be locked at all times
- Access to the trailers will be limited
- Exterior markings on the trailers will be covered
- The trailers will be in a secure, preferably fenced, location
- The location will be well lit
- Holding facility personnel will have office space

### **15.3 *Tracking***

Holding Facility staff will maintain a log with at least the following information:

- Name and/or human remains number
- Date in and out of the holding facility
- Time in and out of the holding facility
- Name and signature of personnel accepting or releasing the human remains
- Location of the human remains within the holding facility

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## 16 Hospital Deaths

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Hospitals in Massachusetts have an internal Mass Fatality Management Plan. Mass fatalities that occur in hospitals, such as deaths due to a pandemic or by natural causes, will fall under the jurisdiction of the Department of Public Health (DPH). Each hospital will follow its own internal procedures for managing the human remains in the hospital. In the event that a death occurs at a hospital from a mass fatality incident managed by the OCME, the notification of death would be reported to the OCME following the hospital's normal procedures. The reporting entity must state that the decedent was brought in to the hospital from the mass fatality incident. The OCME would then make arrangements to have the decedent transported to the incident morgue location, as appropriate.

### **16.1 *Storage***

DPH may activate this Mass Fatality Management Plan in order to support the hospitals. Hospitals will quickly run out of morgue space and will need support from other agencies and organizations to transport remains from the hospitals and to store the remains in a holding facility until they can be processed. DPH will contact MEMA to request refrigerated trucks to temporarily store remains. If hospitals statewide are impacted, the refrigerated trucks will be strategically placed and secured across the state and remains will be transported to these locations from the hospitals. If the mass fatality is more localized and only affects some hospitals, then it may be possible to park the refrigerated trucks at the impacted hospitals.

### **16.2 *Transport***

For widespread incidents that will require remains to be transported from the hospitals to the refrigerated trucks, the issue will be transport. Funeral homes can be contacted through the Massachusetts Funeral Directors Association to assist with the transport of remains.

### **16.3 *Patient Confidentiality – HIPAA Privacy Rule***

Providers and health plans covered by the HIPAA Privacy Rule can share patient information during emergencies in order to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care. They can provide the individual's location, general condition or notification of death.

Providers and health plans covered by the HIPAA Privacy Rule can also share information to disaster relief organizations without obtaining the patient's permission if doing so would interfere with the organization's ability to respond to the emergency. Some disaster relief organizations are not covered by the HIPAA Privacy Rule and can therefore share patient information if necessary.

Additional information regarding the HIPAA Privacy Rule in emergency situations can be found at: [http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures\\_in\\_emergency\\_situations](http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations).

#### **16.4 *Organ Donation***

Hospitals are obligated under federal regulations to refer all deaths to an Organ Procurement Organization (OPO). The Organ Bank does not have the authority to waive this requirement in the event of a mass fatality. However, the Organ Bank will do everything possible to provide support to the hospitals and the decedents' families and to honor the wishes of the decedents or their families. The Organ Bank can provide staff on site at hospitals and at the OCME to assess donation potential and to talk with families as appropriate.

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## **17 Disposition of Remains**

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When processing of human remains has been completed, final disposition will be in accordance with MGL 114: Section 43M — “Permanent disposition of dead bodies or remains.” Once remains have been identified, the Medical Examiner or physician will certify the cause and manner of death on the death certificate. The funeral home chosen by the family will transport the remains and complete the filing of the death certificate. Burial permits are issued by the local Boards of Health. The process of filing death certificates and issuing burial permits may be considerably slowed following a mass fatality such as a pandemic because of the number of fatalities. If necessary, remains will be temporarily stored in a holding facility as described in the Holding Facility section of this Plan.

### ***17.1 Unclaimed and Unidentified Remains***

Government officials will determine the manner in which unclaimed and unidentified remains and personal effects will be disposed and memorialized when processing is complete.

### ***17.2 Temporary Interment***

Following a mass fatality incident cemeteries and crematories will operate as usual. When they reach capacity or cannot keep up with the number of burials/cremations they will notify the proper government authorities. At this point the decision may be made to use temporary interment. This is temporary burial of human remains. The burial slows decomposition by providing natural refrigeration. If families choose, they may have the remains disinterred when the emergency is over. For this reason, the remains must be tagged and tracked. Temporary interment may also be used prior to identification if the Office of the Chief Medical Examiner runs out of alternative refrigerated storage prior to making identifications. Remains will be tagged with their OCME number if they have not been identified. Temporary interment will be a last resort when other means of refrigerated storage are not available.

Following the emergency some families may choose not to have their family member disinterred. For this reason, temporary interment will take place in a cemetery. Nonsectarian cemeteries will be used out of respect for religious customs. If possible, one cemetery will be used. If this is not possible, then the minimum number of cemeteries possible will be used.

If possible, remains will be buried in individual graves, but communal graves may be used in extreme situations. In these situations the remains will not be stacked, but instead should be placed in a single layer. The burial site(s) will be properly marked.

It is important to note that the remains of victims of natural disasters do not cause epidemics. The public will not be handling the remains, so they are at very little risk. Emergency workers handling the remains are at limited risk from infectious diseases if they come into contact with the bodily fluids of a person carrying an infectious disease. To protect themselves they will wear appropriate personal protective equipment. Most infectious diseases do not survive beyond 48 hours in a dead body. Temporary interment should only be used to preserve the remains when other storage options are unavailable and until remains can be properly buried. Temporary interment should not be used out of fear for an epidemic.

### ***17.3 Fragmented Remains***

Following a mass fatality resulting in fragmented remains, the OCME staff will confer with families to determine if the family wishes to be notified of the first identification only, every time a fragment is identified, or when all remains have been identified.

### ***17.4 Presumptive Death Certificates***

In a mass fatality situation where there are no remains to recover for identification or where identification cannot be made because of the condition of the remains, presumptive death certificates may be issued. This will allow for families to proceed with insurance claims. Typically the process of receiving a presumptive death certificate through the court may take a family 5-7 years. Following a mass fatality the Chief Medical Examiner may petition the court to allow a presumptive death certificate. If a person from another state dies in the incident, the CME would go to court in Massachusetts rather than the decedent's home state.



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## **18 Personal Protective Equipment**

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Special consideration must be given to the health and safety of personnel working within the search and recovery site and the morgue. No person is to enter an incident site or morgue without the appropriate personal protective equipment (PPE). The Safety Officer(s) will ensure that appropriate personal protective equipment is worn.

### ***18.1 Search and Recovery Site Personal Protective Equipment***

The minimum PPE standard at the search and recovery site will be:

- Headwear/hardhat
- Protective body suit (e.g., Tyvek)
- Filtering face mask
- Eye protection
- Protective gloves
- Protective boots

In determining the level of PPE required, the following factors should be taken into account:

- Biological hazards
- Dangerous chemicals
- Sharp objects
- Airborne contaminants
- Site challenges
- Weather conditions
- Terrain
- Dangerous substances (e.g., asbestos, carbon fiber, composite fibers)
- Hazardous waste

### ***18.2 Morgue Personal Protective Equipment***

A risk assessment will be conducted in the morgue to determine the appropriate level of PPE. The minimum PPE standard for personnel working directly with the remains at the morgue will be:

- Tyvek Suit
- Gloves
- N-95 Mask, PAPRS if needed (CBRN) – fit testing and training is required
- Booties/rubber boots
- Apron
- Sleeves

### ***18.3 Personal Protective Equipment Resources***

The following resources may be useful for determining the appropriate personal protective equipment when responding to mass fatalities involving chemical, biological or radiological agents:

- NIOSH Pocket Guide to Chemical Hazards
- U.S. Department of Transportation Emergency Response Guidebook

- CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
- CDC Guidelines for Handling Decedents Contaminated with Radioactive Materials

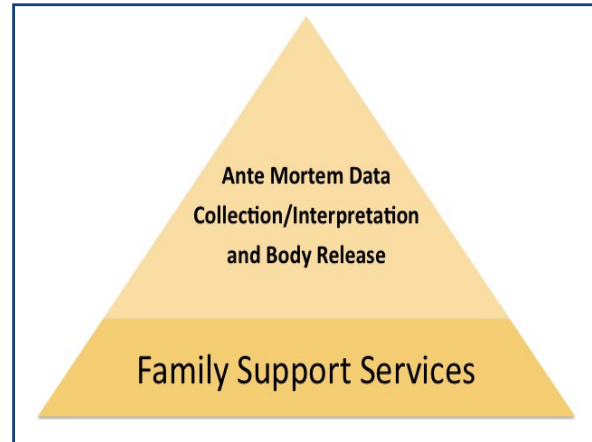
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## 19 Family Assistance

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### 19.1 Overview

A Mass Fatality Family Assistance Center (MF FAC) serves as an information hub where family members provide information about missing persons, and MF FAC personnel provide families with information concerning the identification of the deceased and the process for body release. The MF FAC also provides families and the public at large with general information on the status of the identification effort. In addition, depending on the nature of the mass fatality, the MF FAC may provide select social services to surviving family members, either directly or by referral. In general, MF FACs are secure facilities providing family members a safe haven where mental, emotional, physical and spiritual needs can be addressed and met during the antemortem information collection and sharing process. All mass fatality incidents are unique. Accordingly, MF FAC operations are incident-specific, and therefore, specific details regarding a MF FAC operation cannot be fully determined until the needs of the public have been assessed.



The MF FAC obtains antemortem (before death) information on the missing and presumed deceased from the family members. For the purposes of identification, this antemortem information will be compared to the postmortem data. Typical ante -mortem data collected by MF FAC staff is depicted in the table below:

**Table 1: Antemortem Information**

| <b>Demographic Information</b>  | <b>Physical Characteristics</b>  | <b>Medical History</b>  | <b>Other</b>  |
|---|--|---|---|
| <ul style="list-style-type: none"><li>• Name</li><li>• Date Birth</li><li>• Age</li><li>• Sex</li></ul> | <ul style="list-style-type: none"><li>• Height</li><li>• Weight</li><li>• Eye Color</li><li>• Marking (e.g., scars, birthmarks, surgical incisions, tattoos)</li></ul> | <ul style="list-style-type: none"><li>• Past Surgeries</li><li>• Medical device implants</li><li>• Dental X-rays</li><li>• Medical X-rays</li></ul> | <ul style="list-style-type: none"><li>• Clothing deceased may have worn</li><li>• Jewelry the deceased may have been wearing</li><li>• DNA reference samples from family members <u>if needed</u> for positive identification</li></ul> |

In order to make a positive identification, the postmortem information gathered in the morgue is compared by computer to the antemortem information gathered from the families at the MF FAC.

### 19.2 . *Aviation and Rail Disaster Family Assistance Acts*

A mass fatality involving an air or rail carrier is managed differently than other mass fatalities. Under the Aviation Disaster Family Assistance Act of 1996, air carriers are required to care for the

families of passengers. This includes handling phone calls from families of passengers, establishing a Family Assistance Center, arranging travel for families to the site, and notifying next-of-kin that a passenger was confirmed to be on the manifest. Much like an aviation incident, a rail passenger accident resulting in deaths will be handled in a specific manner according to the Rail Passenger Disaster Family Assistance Act of 2008.

The NTSB will be responsible for coordination of Federal assistance and serve as a liaison between the air/rail carrier and family members. The OCME will work closely with representatives from the NTSB throughout the response. Although the burden of caring for families of passengers and establishing a Family Assistance Center falls on the air/rail carrier, the agencies and organizations identified in this plan will be prepared to assist the airline as needed. The OCME will still have responsibility for identifying remains and will work very closely with the airline/rail carrier.

Identified in the “Federal Family Assistance Plan for Aviation Disasters,” there are seven “Victim Support Tasks (VSTs)” that outline the response requirements assigned to participating organizations. The VSTs include:

- VST 1-NTSB
- VST 2-Air/Rail Carrier
- VST 3-American Red Cross (Family Care and Mental Health)
- VST 4-DHHS/ASPR and DOD (Victim Identification Services)
- VST 5-DOS (Assisting Families of Foreign Victims)
- VST 6-DHS/FEMS (Communications)
- VST 7- DOJ (Assisting Victims of Crime)

### **19.3 *Facility Requirements***

The MF FAC functions as a location where families can provide antemortem information on missing family members or friends, receive updates on the status and whereabouts of family members, receive compassionate and humanitarian care, and receive referrals for additional emotional, mental or physical needs depending on the incident and support available.

The MF FAC may require many resources in order to meet the needs of families. Resources may be acquired by contacting MEMA through the local emergency management authority.

#### **Traditional MF FAC vs. Virtual MF FAC:**

The fundamental difference between a traditional and a virtual MF FAC is the presence of surviving family members at the MF FAC. Surviving family members will be present at a traditional MF FAC on a daily basis. Traditional MF FACs require space for surviving family members to gather, eat, and receive psychosocial/spiritual care as well as child care (where applicable). Antemortem data interviews also take place in-person at a traditional MF FAC. Infrastructure needs for a traditional MF FAC may include communications centers (e.g., telephones, computers with access to the internet, fax machines and other forms of communication), bathrooms, medical care resources, food, and others as dictated by the response. Accordingly, a traditional MF FAC will require a significant number of personnel.

At a virtual MF FAC, the majority of work with surviving family members will occur via telephone, Internet or fax (e.g. antemortem interviews will be conducted via telephone interviews). Other physical, mental, emotional and spiritual needs will be met either via telephone or by referral.

#### **Building Needs**

| <b>Floor Space/Rooms Needed</b>   | <b>Traditional</b> | <b>Virtual</b> |
|-----------------------------------|--------------------|----------------|
| General Family Meeting Room       | ☑                  |                |
| Antemortem interview rooms        | ☑                  |                |
| Call center operations            | ☑                  | ☑              |
| Data/file management              | ☑                  | ☑              |
| Family affairs                    | ☑                  | ☑              |
| DNA operations                    | ☑                  | ☑              |
| Child care area                   | ☑                  |                |
| IT/IR support                     | ☑                  | ☑              |
| Management area                   | ☑                  | ☑              |
| Mental/spiritual counseling rooms | ☑                  |                |
| Various agency management rooms   | ☑                  |                |
| Dining area                       | ☑                  | ☑              |

### ***19.4 Individuals Requiring Additional Assistance***

The MF FAC will be located in a facility that is compliant with the Americans with Disabilities Act (ADA). Staff at the MF FAC will contact MEMA to request assistance such as translators. Signage and information must also be accessible for individuals requiring additional assistance.

#### **19.4.1 Establishing MF FAC Operations**

Once all information from the evaluation has been collected and synthesized, an incident-specific MF FAC can begin to be established based on the following considerations:

##### **1. Location**

- A. Square footage
- B. Needed rooms or the ability to create rooms or private or semi-private areas using temporary wall units
- C. Rooms or areas within the facility to secure records and IT equipment

- D. Restroom facilities
- E. Parking
- F. Ability to secure building/site
- G. Safety issues (e.g., surrounding neighborhood, building disrepair, adequate lighting in parking lot)
- H. Infrastructure requirements
  - 1) Water supply
  - 2) Electrical
  - 3) Cable/internet
  - 4) Lighting
  - 5) Heating and air conditioning
- I. Maintenance of building
  - 1) Cleaning services
  - 2) Repair and building upkeep
- J. ADA Considerations
- K. Accessibility from public transportation

**2. Personnel**

- A. Units needed for the specific MF FAC
- B. Number of personnel by unit
- C. Skill sets by unit
- D. Appropriate agency/organization to request personnel resources
- E. Establish or determine procedures for requesting personnel (initial staff and backfill staff)
- F. Scheduling of personnel by unit needs

**3. Equipment and Supplies**

- A. Equipment needs by unit (See Equipment, Information Technology, and Supplies in each section)
- B. Equipment for general use (not for use by a specific MF FAC unit)
- C. Office supplies and equipment by unit (See Equipment, Information Technology, and Supplies in each section)
- D. Building cleaning and maintenance supplies
- E. Badge/ID supplies
- F. Maintenance and re-ordering of supplies and equipment (where applicable)

**4. Food Services**

- A. Estimated number of family members and staff to be fed daily
- B. Types and frequency of meals, snacks, and other refreshments to be provided
- C. Dietary, religious, and/or other restrictions

**5. Transportation Services**

- A. Transportation to medical facilities, airports, train and bus stations

- B. Transportation to lodging
- 6. Medical Services**
  - A. First Aid stations (staff and supplies)
  - B. Advanced life saving services and/or equipment (e.g., AED devices)
  - C. Other medical services as dictated by specific needs at the MF FAC
- 7. Security**
  - A. Establish security procedures
    - 1) Which doors and areas in MF FAC should be locked and when
    - 2) Admittance procedures
    - 3) Badge/ID procedures and equipment
    - 4) Scheduling security team to maintain safety and security
- 8. MF FAC Procedures**
  - A. Daily operational procedures
    - 1) Operational hours
    - 2) Workflow of the MF FAC
    - 3) Identification/badge procedures
- 9. Antemortem interviews**
  - A. Number of interviews per day
  - B. Family antemortem interview schedule
  - C. Interview procedures
    - 1) How to schedule interviews
    - 2) Establishing locations for interviews
    - 3) Preparing room for antemortem interviews
- 10. Reporting procedures**
  - A. Typically in mass fatality responses, there are reporting requirements where information, statistics, and other data is reported to various components of the mass fatality response (e.g., the EOC, Morgue Operations, Incident Commander)
  - B. The authorities responsible for MF FAC operations will make a collaborative decision about the following:
    - 1) What information will be reported
    - 2) To whom it will be reported
    - 3) When it will be reported
      - a) Frequency
      - b) Time(s) of day
    - 4) Medium by which information will be transmitted

#### **19.4.2 Adjusting the Operations**

Over the course of a mass fatality response, the MF FAC will be modified both operationally and structurally/physically. The demands on the MF FAC will change as the response effort moves

through its different stages (surge, static period, and transition). At the beginning of the response, there will be a surge of requests, calls, and visitors to the MF FAC. The ability to accommodate this surge will require an analysis of the incident and the anticipated needs of the affected public. Once these needs have been identified, the MF FAC organizational structure can be determined and adequate staffing, facilities, and other resources can be acquired and operations implemented. Over time, the day-to-day operations will become relatively static and routine. Although this will be considered the “static” period of operations, unit needs will continue to change and evolve. Such shifts in resource needs will impact both human resources and required skill sets. At times, a physical change of the MF FAC “layout” will be necessary, requiring the movement or reassignment of tables, chairs, computer equipment, phones, and other assets as needed.

### **19.4.3 Transition Back to Daily Operations**

As MF FAC operations begin to slow, the OCME’s Office will assume responsibility for the day-to-day operations of the MF FAC (See Transition Plan Section). Developing and implementing a transition plan requires coordination between the MF FAC Director (and other MF FAC leadership), the OCME’s Office, local, state and federal authorities, NGOs, as well as other agencies/organizations participating in the MF FAC. Ultimately it is the MF FAC Director’s responsibility to ensure that all transition activities are completed accurately and timely, thus preventing any interruption to the offered services.

## **19.5 *Budget and Finance***

Financial accountability for expenditures associated with the MF FAC is extremely important. Expenditures may include but are not limited to the following: actual monies spent purchasing equipment, supplies and other needs, hours worked by MF FAC staff, and other activities representing a financial commitment by the OCME and/or MEMA (or any agency formally associated with the mass fatality response). Careful and comprehensive financial documentation must be maintained at the MF FAC and reported as necessary to maintain accountability and financial credibility. Only MF FAC personnel with appropriate authority should approve the expenditure of money or any activity resulting in a financial commitment. When the mass fatality response has concluded, the state and federal government will perform an audit on all response activities, including the MF FAC. Any unauthorized expenditure may result in disciplinary action from the applicable agency/organization, as well as possible criminal prosecution by local, state and/or federal authorities. Ongoing training and discussions concerning financial accountability compliance can help to prevent unauthorized expenditures.

## **19.6 *Quality Program***

A comprehensive quality program is critical to ensuring efficient and accurate MF FAC operations. A quality program includes Quality Control and Quality Assurance. Quality Control is the checks an operation performs to ensure procedures and methods are monitored and to verify that products meet specified standard that provides confidence in results. Quality Assurance is the process an MF FAC employs to assess the quality of products or services by review of work, problem identification,



and corrective action to remedy deviations and evaluation of remediation. A quality program gives an MF FAC the proper framework for continuous improvement of its system, services, and testing.

The OCME guidelines/SOPs outline quality control measures in the follow areas:

- Management
- Document Control
- Customer Service and Complaints
- Deviations and Corrective Actions
- Control of Records

### **19.7 *Contractors***

The MF FAC should maintain, whenever possible, up-to-date records of personnel education, training, and competency evaluations. MF FAC Personnel must have appropriate education, training, and experience as defined by the MF FAC.

The MF FAC should document policies and procedures for identifying training requirements for personnel and for providing the necessary training. The training given must ensure that trained personnel are competent to perform their duties. When training is technique-specific, the MF FAC must definite criteria for determining successful completion. If used, written tests should also have defined criteria for successful completion.

After training is completed and a formal assessment of personnel training and competency is successful, the MF FAC should document a statement of competency. This can take the form of a memorandum, letter, certificate or other documentation. The date of the declared competency should be recorded. Additionally, the MF FAC must authorize all staff to do the jobs they are assigned.

### **19.8 *Family Briefings***

If appropriate, regularly scheduled family briefings for surviving family members should be scheduled at least once if not twice daily. The OCME, with input from PIO, OEM lead, and applicable federal agency representatives, is responsible for scheduling these briefings. Along with updating families on response issues, briefings will afford the Next of Kin (NOK) an opportunity to ask questions of authorities. Additionally, scheduled briefings provide families with desired information and help to give a sense of order to the response.

The OCME and/or their appointee, as the “face” of the response effort should consistently moderate and/or lead the briefings. The moderator must be experienced in providing information to a public forum, understand the complexities and intricacies of the response, and remain updated on all response activities. Additionally, representatives from other response agencies (e.g., Recovery, Morgue Operations, NTSB, other federal agencies, and NGOs) should be available to brief families and answer questions.

*NOTE: It is imperative that the briefings from different agencies are coordinated ahead of time to prevent repetition of information by those providing the briefing and to demonstrate the unified nature of the response.*

In order to accommodate all family members and to ensure privacy, briefings should occur in a large and secured meeting area. Establishing a telephone bridge allows family members unable to visit the MF FAC to participate in briefings.

*NOTE: As briefings can be sensitive, highly emotional, and volatile, members of the media, legal representatives, and unauthorized visitors should not be allowed to attend.*

In response to an aviation or passenger rail incident, the NTSB will often assist with, or at the request of OCME authorities, coordinate family briefings. NTSB representatives have many years of experience in MF FAC operations and can be a valuable source of information and assistance.

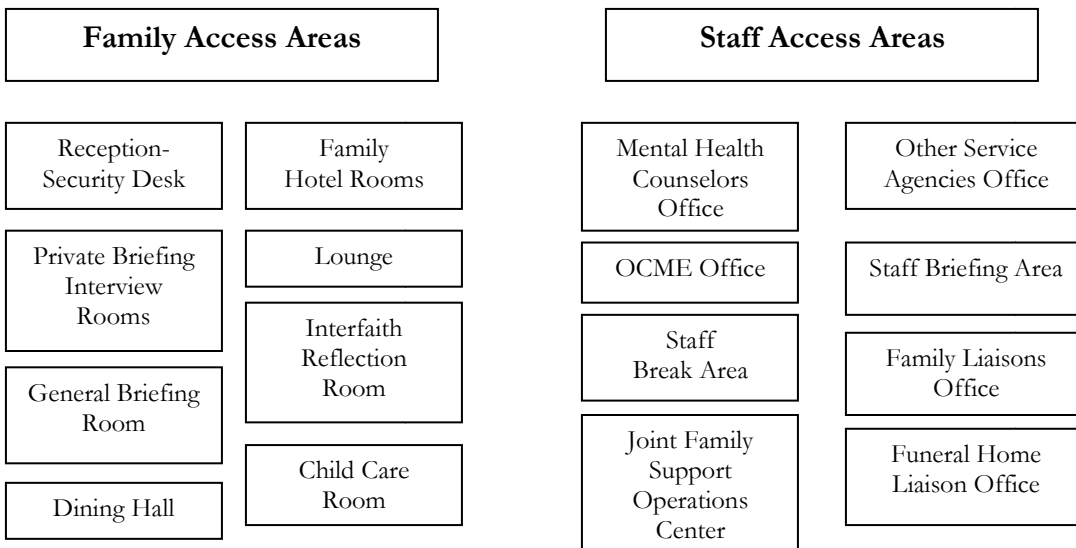
## **19.9 Public Relations**

The public must be made aware of the role the MF FAC plays in the missing persons, identification, and body release process. The accurate and prompt dissemination of information will prevent unnecessary stress and chaos.

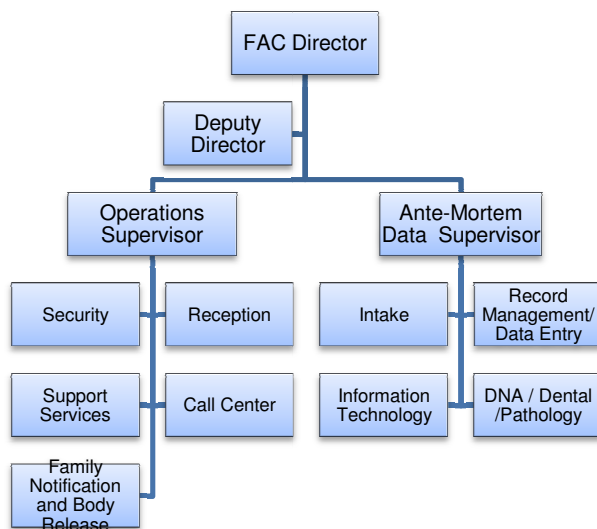
Almost immediately following a mass fatality incident, a telephone number for reporting missing and presumed dead individuals will be established. This number may be in addition to the Mass 211. This number may be established by the OCME, a local law enforcement agency or other entity depending on what is agreed upon after the incident. Timely dissemination of this number (via every available media outlet) ensures the public is quickly able to report a missing loved one to the appropriate authorities. Although numerous organizations and agencies will establish other telephone numbers and/or web sites where the public can register the names of missing individuals, this information is rarely shared with the authorities responsible for the missing persons and identification effort. Therefore, the MF FAC must clearly define its purpose and its status as the only official entity responsible for missing persons and identification efforts.

Along with disseminating this number to the public, MF FAC officials should also transmit the number to relevant local, state and federal agencies, thus ensuring callers are directed to the appropriate number.

## 19.10 Family Assistance Center Layout



## 19.11 Family Assistance Organizational Chart



## 19.12 Staffing

Staffing the FAC with individuals who are experienced and comfortable interacting with families following a mass fatality incident is crucial. The families at the FAC experience a wide range of emotions. Staffing the FAC with unqualified and unprepared individuals can have a long-term negative impact on families as well as staff.

Initial staffing requirements at the MF FAC will be incident-specific and cannot be assessed until key stakeholders involved in the response have begun planning for MF FAC operations. Should the MF FAC operations continue beyond an initial 2-3 week period, a backfill of personnel will be necessary, and a Staffing Coordinator must be designated. The Staffing Coordinator is responsible for coordinating personnel backfill based on the MF FAC's ongoing needs. As the incident command structure will vary from incident to incident, it is impossible to identify a specific agency or entity responsible for staffing until after an incident occurs. State, federal, private sector, and/or NGOs will be responsible for obtaining backfill personnel from their respective agencies. The MF FAC Staffing Coordinator must maintain close communication and coordination with relevant agencies in order to ensure proper staffing is available at the MF FAC and to avoid staffing shortfalls and overstaffing.

Unified Command will be responsible for ensuring the establishment of a FAC. Unified Command will delegate this responsibility to the Operations Section Chief if the position is activated.

It may be necessary to staff the FAC 24 hours a day with some or all resources available to family members. Should the mass fatality incident be very large (100's or 1000's of deaths) then it may be necessary to maintain fully functional FAC operations 24 hours a day, at least in the early days of the response. As the response ensues, operations hours at the FAC may be reduced to 12, 10 or even 8 hours a day. Regardless of the operational hours of the FAC, certain crucial resources such as psychosocial/spiritual support may need to be available on a 24 hours basis.

The Staffing Coordinator is responsible for:

- Obtaining essential personnel when establishing the MF FAC
- Coordinating with supporting agencies and organizations and/or the Incident Planning Section for staff backfill (as needed throughout the course of MF FAC operations)
- Coordinating evolving and changing staffing needs with the MF FAC leadership
- As needed, coordinate the reduction and eventual termination of staffing

Working with MF FAC leadership and applicable stakeholders, the MF FAC Staffing Coordinator will determine needs for:

- Number of needed personnel by unit
- Skill sets needed by unit
- Which agency/organization will provide personnel
- Establishing or determining procedures for requesting personnel (initial staff and backfill)
- Schedules based on hours of operations and desired coverage by unit (as directed by MF FAC leadership)

### ***19.13 Acquisition of Resources and Services***

Acquisition of necessary resources and services may occur in one or more of the following ways:

- Local authorities will provide resources at their own discretion.

- State and federal resources will typically work with the agency in charge of the entire mass fatality response and provide services to the MF FAC through coordination with the MF FAC Logistics Unit.
- Outside responding agencies/organizations may supply resources and services at their own discretion.
- Contracts and Memorandums of Understanding (MOUs) should be used whenever possible to clearly outline roles and responsibilities and to clarify and manage expectations.

Regardless of how resources and services are initially provided, the Logistics Unit must ensure the continued support of these necessary resources and services.

**NOTE:** *When a responding agency/organization provides their own equipment and other resources, they are typically responsible for required upkeep and maintenance.*

In order to acquire and manage the resources needed for the MF FAC, the Logistics Unit Supervisor must:

- Obtain the necessary acquisition forms and/or procedures
- Based on the Resource Needs Evaluation, request necessary resources
- Work closely with the Administration and Finance Unit to ensure resource acquisitions are properly executed and no unauthorized purchases or acquisitions have been made

The number and type of personnel staffing the MF FAC depends on the construct of the MF FAC, as well as responding agencies/organizations. Personnel staffing should be coordinated between the MF FAC Director, the MF FAC Staffing Coordinator, the planning section at the Emergency Operations Center (EOC), the Command Center (IRCT) or the Joint Field Office (JFO), and individual responding agencies/organizations. Regardless of which agency requests personnel, the MF FAC Staffing Coordinator should maintain a schedule of all personnel to ensure adequate staff levels.

To ensure adequate staffing, the MF FAC Management and Staffing Coordinator should:

- Establish shifts and staffing needs per shift by working with the MF FAC Director and individual unit leadership
- Establish and maintain a schedule by MF FAC Unit
- Determine the procedures for requesting additional or backfill personnel from the appropriate section in the EOC, IRCT, JFO or other appropriate location
- Request personnel through the proper channels as per established procedures
- Establish the procedures for MF FAC Units to request additional or backfill personnel from the MF FAC Staffing Coordinator
- Continually review personnel needs and adjust as needed

**NOTE:** *As the MF FAC operations change over time, so will staffing needs.*

### **19.13.1 Family Assistance Group**

A Family Assistance Group Supervisor will manage the Family Assistance Group, and the Red Cross will staff this group. The Supervisor manages all operations concerning support to families of persons directly affected by the incident. Family Assistance is managed at a Family Assistance Center.

#### **19.13.1.1 Security**

Rigorous security for the MF FAC is essential for the safety and well being of MF FAC personnel, family members, and other visitors, as well as the sensitive and private records stored there. Visible security force will demonstrate commitment to safety and security to the public and can deter potential disruptions to MF FAC operations. The Security Unit at the MF FAC will work closely with the Reception Unit to control access to the center and to credential all staff and visitors.

Refer to the OCME's operational guidelines/SOPs for security specifics concerning:

- Considerations and assumptions
- Roles and responsibilities
- Procedures
- Equipment, information technology and supplies
- Sample forms and documents
- Organizational chart

#### **19.13.1.2 Reception**

At reception, visitors are greeted, credentialed, and directed to the appropriate MF FAC unit. Typically, Reception Unit personnel will be the first to greet visitors. Additionally, Reception Unit personnel are responsible for maintaining a log of all individuals entering and exiting the MF FAC. Reception Unit personnel work closely with Security Unit personnel to properly credential all individuals entering the MF FAC.

Refer to the OCME's operational guidelines/SOPs for reception specifics concerning:

- Considerations and assumptions
- Roles and responsibilities
- Procedures
- Equipment, information technology and supplies
- Sample forms and documents

### **19.13.1.3 Support Services**

While the primary objective of the MF FAC is collecting antemortem information about the reported missing and working with families to release identified bodies, the MF FAC often offers additional support services. A successful MF FAC will offer additional support services not only to the families and friends of the deceased or reported missing, but also to MF FAC personnel. The variety of support services offered at the MF FAC is determined by the scope of the mass fatality, family and personnel needs, as well as the availability of services. Space and equipment related to the Support Services section should be determined and considered prior to establishing additional support services.

Support services may include but are not limited to the following:

- Nutritional services
- First Aid Services
- Psychosocial/Spiritual services
- Housing services (limited in non-transportation incidents)
- Children's play area
- Transportation services

After Identification Team makes notifications, the Department of Mental Health will provide specially trained Grief and Loss Counselors to work with families as needed.

### **19.13.1.4 Mental Health Team**

The Mental Health Team is staffed by the Massachusetts MassSupport Disaster Behavioral Health Network, which is made up of various agencies, organizations and volunteers trained and qualified to provide behavioral health services. The Department of Mental Health will lead the coordination of this group following a mass fatality incident.

### **19.13.1.5 Call Center**

The MF FAC Call Center receives calls and determines caller needs. Through the use of a Call Center Telephone Script, Call Center personnel direct callers either to the appropriate MF FAC unit or outside agencies/resources. Refer to the OCME's operational guidelines/SOPs for Call Center specifics regarding:

- Considerations and assumptions
- Roles and responsibilities
- Procedures
- Equipment, information technology and supplies
- Sample documents and forms for Call Center

### **16.16.1.7 Intake**

The fundamental purpose of establishing the MF FAC is to collect antemortem data. The United States Government, through the Disaster Mortuary Response Team (DMORT), developed a standard set of questions to gather pertinent antemortem information about the reported missing

(RM). This information is collected on the eight-page Victim Identification Program (VIP) form during an interview with family and friends of the RM. The interview process is lengthy (approximately two hours) and takes place either in-person at the MF FAC or over the phone. The information from the eight-page VIP form is then organized, entered into the VIP database, and provided electronically to the identification center (typically at the morgue). In order to generate identification leads, the identification center compares antemortem data to postmortem data gathered at the morgue. Refer to the OCME's operational guidelines/SOPs for Intake specifics regarding:

- Considerations and assumptions
- Roles and responsibilities
- Procedures
- Equipment, information technology and supplies
- Sample forms and documents

#### **19.13.1.6 Record Management/Data Entry**

Antemortem records for the missing, presumed dead, and confirmed dead are maintained at the MF FAC. Initially this information is recorded by hand during family interviews. The handwritten information is then transferred from an eight-page VIP form to an electronic format (VIP software). An electronic copy can be used to search against the postmortem information obtained in the morgue. In order to ensure data quality, family privacy, and an efficient identification process, it is imperative to have stringent data integrity, control, and management procedures. Data *must* be under strict management and control. Without strict data control measures, data may be lost, misfiled or corrupted. Not only will this hamper the identification process, but it may also require families to provide antemortem information again, thus increasing their emotional distress and lowering their confidence in the identification process. Ideally, the initial hard copy records (case files) should be secured by a "double lock system" (e.g., locking file cabinet(s) in a locked room). These files should be signed out when needed and returned promptly. Electronic records should be secured with password protections and levels of access based on the user's needs and responsibilities. Refer to the OCME operational guidelines/SOPs for record management/data entry specifics regarding:

- Considerations and assumptions
- Roles and responsibilities
- Procedures
- Equipment, information technology and supplies
- Sample forms and documents

#### **19.13.1.7 Information Technology**

The computer network utilized by the MF FAC will store, protect, process, and transmit all data pertaining to MF FAC operations. The Information Technology (IT) Unit maintains connectivity to



the morgue (via T1 line or other) and provides resources, IT infrastructure, Information, and case files necessary for day-to-day MF FAC operations. Before the MF FAC opens for the public, the IT Unit must ensure that the computer network and associated hardware assets, including all computers, printers, scanners, monitors, are in working order.

Additionally, the IT Unit is responsible for enforcing network security, thus ensuring confidentiality, integrity, and availability of all MF FAC data. As MF FAC operations progress and IT needs change, the IT Unit must be available to adapt the IT networking configuration as needed. Refer to the OCME's operational guidelines/SOPs for Record Management/Information Technology specifics regarding:

- Considerations and assumptions
- Roles and responsibilities
- Network
- Hardware/Network Assets
- Network Setup and Maintenance
- Software

#### **19.13.1.8 DNA, Dental, and Pathology**

These areas will be staffed with medicolegal investigators from the OCME. The purpose of the team is to collect antemortem data from the victims' families that may help with the identification of remains. Following a mass fatality, family and friends of the reported missing (RM) will provide information about the missing person. This information will be used to identify the RM. Dental and medical records, as well as DNA reference samples, are extremely important types of ante-mortem information. The DNA, Dental and Pathology Units of the MF FAC each collect this information, log the information into the appropriate section of the VIP record, and assemble the information into a form that can be further processed (DNA) or directly presented to the morgue or to the OCME for body identification (pictures, medical records and dental records). The Pathology Unit is responsible for obtaining pictures and medical records. The Dental Unit obtains dental information and records, and the DNA Unit collects DNA reference samples along with the associated identification or meta-data for the samples.

Refer to the OCME's operational guidelines/SOPs for DNA, Dental and Pathology specifics regarding:

- Considerations and assumptions
- Inputs and outputs
- Roles and responsibilities
- Procedures

- Equipment, information technology and supplies
- Sample documents and forms

#### **19.13.1.9 Family Notification and Body Release**

When a body is positively identified in the morgue, a death certificate is issued. Once the OCME has given approval for body release, the NOK is notified of the identification and the body release process begins. The notification process, one of the most sensitive components of the MF FAC, must be handled with professionalism and compassion. Depending on the size and complexity of the mass fatality, the OCME staff will notify the families either from an OCME office or from the MF FAC. Once the appropriate NOK has been notified, the MF FAC will work with the family and selected funeral home to arrange for the body to be picked up from the morgue. Refer to the OCME's operational guidelines/SOPs for Family Notification/Body Release specifics regarding:

- Considerations and assumptions
- Roles and responsibilities
- Notification and release forms
- Procedures
- Additional services
- Equipment, information technology and supplies

#### **19.13.1.10 Transition Plan**

As catastrophic mass fatalities often require a large and complex mass fatality response, it is highly likely that outside resources – from neighboring counties, states, federal agencies, private contractors, and/or non-profit organizations – may be brought in to support the MF FAC. When outside resources are no longer needed, they will demobilize and return home. After the demobilization of outside resources, MF FAC operations will continue to support the mass fatality response, surviving family members, and affected community.

In order to facilitate the effective transition of support from outside resources to the OCME staff, a transition plan should be developed early in the response. Operating with the “end in mind” is beneficial, and this section is a useful tool in planning the transition. Refer to the OCME's operational guidelines/SOPs for Transition Plan specifics regarding:

- Considerations and Assumptions
- Plan components
- Sample documents and forms for transition plan

### **19.13.2 Family Assistance Logistics**

The Family Assistance Logistics team is responsible for providing security, food, medical support for staff, supplies, facilities support, and communications and ground transportation as necessary. The number of families served will determine how many personnel are needed to staff logistics. The Logistics team will be staffed by multiple agencies, depending on availability.

### **19.13.3 Family Assistance Planning**

The Family Assistance Planning Team maintains awareness of the current situation, tracks all resources including personnel, manages documentation, and plans for the demobilization of family assistance staff. The number of families served will determine how many personnel are necessary to staff planning. This team will be staffed by multiple agencies, depending on availability.

## **19.14 Website**

Following a mass fatality, the agency that activates the mass fatality plan will add a section to its website to provide information about the incident. The information may include press releases regarding the response to the incident or instructions for the public. The use of such websites will reduce the number of incoming phone calls from individuals who are not directly impacted.

## **19.15 Interfaith Room**

Some families may find it comforting to have a place at the MF FAC to pray, meditate or reflect. The FAC may include an interfaith room. It is essential that the interfaith room remains nondenominational. The room must be comfortable and calming, but will have no religious symbols. Local clergy may be contacted to provide spiritual support at the MF FAC.

## **19.16 Family Briefings**

For the surviving families, family briefings are one of the most important aspects of MF FAC operations, if not the most important aspect. Until their deceased family members have been positively identified and returned to them, they will want and demand up-to-date and accurate information on all aspects of the response efforts. These briefings will be scheduled as appropriate for the mass fatality response. Information is provided to families before it is provided to the media. The responsible agency (OCME or DPH) will lead the briefings and will request other agency representatives to participate as needed.

The briefings include an update of the recovery and identification progress as well as any necessary explanations regarding the identification process. The briefings will be conducted even if there is very little new information. Families are allowed to ask questions during the briefing.

## **19.17 Site Visits and Memorials (*legislated incidents*)**

It is common for families of victims to want to visit the site of the incident. This is acceptable only after all of the human remains have been recovered and the site is deemed safe. The families choosing to do this must be transported as a group and escorted to the site. These site visits

typically occur in transportation incidents as the air/rail carriers fund the activities. A visit to the site by the families and survivors has become common practice and is important for the grieving process. Following an aircraft disaster, site visits of the families of the lost loved ones and survivors should be separate from site visits of the families of the crew to avoid sensitivity issues on the part of the families.

A memorial service may be held at the site at the time of the visit or may be held at a different location. Memorial services in honor of the victims of aircraft disasters usually take place 5 to 10 days following the crash. In accordance with legislation, a third party may coordinate with the NTSB, the American Red Cross, the airline and the families to arrange a suitable nondenominational memorial service. A permanent memorial may be established at the site of the incident at a later time. Typically this is done on the one-year anniversary of the incident.

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## **20 Public Information**

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Following a mass fatality incident a Joint Information Center (JIC) may be activated at MEMA. The JIC may be established locally for mass fatalities that require only limited state involvement. All agencies involved in the incident will be represented at the JIC and will have input into the information released to the media.

### ***20.1 Office of the Chief Medical Examiner***

During a mass fatality incident that falls under the jurisdiction of the Office of the Chief Medical Examiner, the process for providing public information follows the current Executive Office of Public Safety and Security (EOPSS) protocol. The Chief of Staff from the OCME provides information regarding fatalities to the EOPSS Undersecretary for Forensic Science and Technology, Chief of Staff and Director of Communications. The Director of Communications develops a statement, which will be vetted by the Secretary and Undersecretaries of EOPSS and the Governor's Press Secretary before being delivered to the media.

The information from the OCME is provided to the families prior to any statements to the media. It is essential that the OCME brief the families before the media. The family briefings are led by the Chief Medical Examiner or his/her designee and may include others when needed as subject matter experts.

### ***20.2 Department of Public Health***

The Executive Department of Health and Human Services Communications Office must review all MDPH Public communication. However, during an event requiring rapid emergency communication, a less stringent communication review process may be implemented to accommodate the need for more rapid communication. Based on the level of the Public Health emergency, the Office of Public Health Strategy and Communications will have either primary or supporting responsibility for communicating health-related issues to the media and to segments of the public other than partner and stakeholder groups. During a Level 3 emergency, public/media communications will be directed and coordinated with and through the State Lead Public Information Officer (PIO). During a Level 2 emergency, the MDPH PIO will assume primary responsibility for public communication associated with an emergency or incident. The MDPH PIO will work in concert with an MDPH content expert in developing and delivering public information during an emergency.

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## **21 Interoperable Communications**

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Following any mass disaster, including a mass fatality, responding agencies will follow their normal communications protocols. However, given the complexity and the number of agencies involved in a mass fatality, there are likely to be agencies that cannot communicate directly with each other. Any time that the Mass Fatality Plan is activated, the State Emergency Operations Center (SEOC) is at least partially activated. The partial activation includes MEMA communications personnel. Their role is to assist in resolving any communications issues between agencies and to relay information between agencies if necessary. If the SEOC is fully activated, agencies will be able to feed their information directly to their representative in the SEOC. The responsible agency for the mass fatality will have a representative in the SEOC. The presence in the SEOC will be particularly critical if the mass fatality incident is ongoing and requires the coordination of recovery of remains with other efforts, such as in the aftermath of a hurricane. If this is not possible, the responsible agency will utilize WebEOC to provide updates to the SEOC.

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## **22 Continuity of Operations**

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During a mass fatality, designated personnel need to handle essential daily operations while other personnel are assigned to the incident. A mass fatality incident takes an extended period of time to manage. All involved agencies and organizations should activate their continuity plans to ensure that operational functions are maintained.

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## **23 Resource Coordination**

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Massachusetts Emergency Management (MEMA) is the lead agency for resource coordination. Resources may include personnel, equipment or supplies. Following a mass fatality incident, resource requests are funneled through the MEMA Regional office in Tewksbury, Agawam, or Bridgewater. If the Regional office cannot secure the requested resource, the request is passed on to the MEMA headquarters. MEMA relays the request to the appropriate Emergency Support Function (ESF) depending on the nature of the request. Federal assets may be requested through MEMA following a Presidential Disaster Declaration, as described in Section 24.0. The agency requesting a resource is responsible for any associated costs.

An Emergency Operations Center (EOC) may be activated at the local and/or state level. This helps facilitate the tracking of resources and ensures continuous support for the duration of the incident. Some local jurisdictions have a lot of resources and may be self-sufficient longer than other jurisdictions. MEMA will communicate with the local jurisdiction to determine if support from the State EOC is needed or if the incident can be supported locally.

### ***23.1 Resource Requests***

Requests for resources will be specific with a type and kind description, as well as a description of the mission. This will allow for more accurate and efficient use of resources.

### ***23.2 Emergency Management Assistance Compact (EMAC)***

If the Governor declares a State of Emergency, resources may be requested from other states through the Emergency Management Assistance Compact (EMAC). EMAC is facilitated by MEMA. MEMA manages all resource requests to other states.

Further information about EMAC can be found on the National Emergency Management Association website: <http://www.emacweb.org/>.

### ***23.3 International Emergency Management Assistance Compact (IEMAC)***

The International Emergency Management Assistance Compact (IEMAC) is an agreement between Massachusetts, Connecticut, Rhode Island, Maine, Vermont, New Hampshire, New Brunswick, Newfoundland/Labrador, Prince Edward Island, Quebec, Nova Scotia, and New Brunswick. Resource requests through IEMAC are facilitated by MEMA. IEMAC does not require a State of Emergency Declaration, making the requesting party responsible for all costs unless the governor later declares a disaster. Further information about IEMAC can be found at the International Emergency Management Group website: <http://www.iemg-gigu-web.org/>.

### ***23.4 Licensing***

Personnel holding a professional license in another state will be considered licensed in Massachusetts as long as they have been deployed properly under EMAC or IEMAC.



### ***23.5 Mass Disaster Supply Inventory***

The OCME maintains an inventory of mass disaster supplies specifically for mass fatalities. The supplies are activated by OCME according to standard operating procedures.

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## 24 Federal, State and Local Interface

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Following a State of Emergency declaration, the Governor may also request a Presidential Disaster or Emergency Declaration, in order to seek federal assistance under the Stafford Act. MEMA will work with the Region 1 Federal Emergency Management Agency (FEMA) to determine whether the situation warrants a declaration. Upon approval of the Presidential Disaster Declaration, MEMA will facilitate the requests for federal assets. This process may take 24-48 hours or possibly longer. The federal agencies responding integrate into the response system, coordinated by FEMA in accordance with the National Response Framework (NRF). Under Emergency Support Function #8 (ESF #8 - Public Health and Medical Services) of the NRF, the U.S. Department of Health and Human Services (U.S. DHHS) is the primary agency responsible for coordination of fatality management activities, with authority to deploy federal assets to support local and state governments to mitigate the effects of a disaster.

Under the NRF, the incident remains a local responsibility and any federal agencies involved assist state and local authorities in the execution of their duties.

Alternatively, in the absence of a presidential declaration of emergency or disaster under the Stafford Act, the Governor, MEMA or the Massachusetts Department of Public Health may request assistance with fatality management directly from US DHHS. Under the authorities of the Public Health Service Act, HHS may provide assistance to the Commonwealth with organic resources, including the Disaster Mortuary Operational Response Teams (DMORTs) of the National Disaster Medical System.

### **24.1 *Declarations***

Emergency declarations may be initiated at the local, state and federal level. The purposes of emergency declarations are to mobilize assets and utilize resources to the fullest extent possible in order to protect people and property. The Chief Municipal Officer of the impacted city or town can declare a local state of emergency. A state of emergency is declared when an emergency exceeds local assets. The Governor declares a Commonwealth state of emergency. The declaration allows officials to take actions deemed necessary to protect people and property. Based on the circumstances, each declaration will state the emergency measures to be taken and the area included in the declaration.

### **24.2 *Federal Assistance***

As the ESF #8 lead agency under the NRF (or under its own authorities), when requested by State, tribal, or local officials, US DHHS will assist the jurisdictional medico-legal authority and law enforcement agencies in the

- Tracking and documenting of human remains and associated personal effects;
- Reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible);
- Establishing Incident Morgue facilities;
- Provide input when determining the cause and manner of death;

- Collecting antemortem data in a compassionate and culturally competent fashion from authorized individuals;
- Performing postmortem data collection and documentation in support of identifying human remains
- Using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples) to support identifications;
- Preparing, processing, and returning human remains and personal effects to the authorized person(s) when possible;
- Providing technical assistance and consultation on fatality management and mortuary affairs.

In the event that caskets are displaced, US DHHS/ESF #8 assists in identifying the human remains, re-casketing, and reburial in public cemeteries. US DHHS/ESF #8 may task departmental components, and request assistance from other ESF #8 partner organizations, as appropriate, to provide support to families of victims during the victim identification mortuary process.

#### **24.2.1 U.S. Department of Health and Human Services (Federal ESF-8 Lead)**

Federal Fatality Management Teams can supplement and provide additional capabilities to meet State or local requirements. Federal fatality management assets include:

- Disaster Mortuary Operational Response Teams (DMORT).
- 10 Regional Teams (subject matter experts / technical advisors)
- DMORT-WMD (Decontamination Team)
- DMORT-VICT (formally FACT-Collection of antemortem data)

DMORT and other US DHHS personnel are experienced and provide the full spectrum of medicolegal investigation, documentation, decontamination, recovery operation planning support and oversight, forensic capabilities to support identification, and ancillary support services. By forward deployment or embedding into other recovery teams as technical advisors only, these teams can be sourced to support and provide the investigative element for the recovery process. DMORT personnel **DO NOT** conduct the physical recovery of remains. They **CAN** provide specific planning guidance and support and oversight during the recovery operations in direct support of the jurisdictional Medical Examiner/Coroner.

Additional Federal ESF-8 Agencies that may support fatality management missions include, but are not limited to the following:

- NDMS/Disaster Portable Morgue Units - DPMU (there are three units)
- NDMS Disaster Medical Assistance Teams (DMATs) – mission support at forward operating locations, morgue, and FAC
- U.S. Public Health Service (PHS) Commissioned Corps – operationally experienced physicians, dentists, behavioral health, environmental health and sanitation officers, social workers, and nurses (mission support)

- Centers for Disease Control and Prevention (CDC) personnel, including epidemiologists, as well as Agency for Toxic Substances and Disease Registry (ATSDR) staff, CBRNE SMEs, and vital statistics support personnel
- Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), Administration of Aging (AoA), Administration for Children and Families (ACF), and Federal Occupational Health (FOH), among many other US DHHS agencies and operating divisions (mission support)
- US Veterans Administration
- Medical Reserve Corps (MRC) personnel, when federalized
- FBI
- Armed Forces DNA Identification Laboratory (AFDIL)
- US DHHS Civil Service and NDMS Intermittent Federal employees (mission support role)

### ***24.3 National Transportation Safety Board, Office of Transportation Disaster Assistance (NTSB-TDA Federal Assistance)***

The National Transportation Safety Board's Office of Transportation Disaster Assistance has statutory responsibility to provide family assistance coordination and facilitation of victim identification following major aviation and passenger rail accidents. US DHHS may also provide assistance to the Commonwealth when tasked by the NTSB under its own authority.

### ***24.4 National Guard***

All requests for National Guard assistance must go through MEMA. The National Guard may be deployed under USC Title 10 and USC Title 32 or on State Active Duty.

Resources the National Guard may provide to assist with a mass fatality response include transportation, armed security for the incident site, incident morgue, holding facility and the Family Assistance Center, communications and lighting. They also have limited resources to augment the decontamination teams. National Guard personnel trained in mortuary affairs may also assist as needed.

### ***24.5 Federal Bureau of Investigation (FBI)***

The Federal Bureau of Investigation (FBI) is the lead agency for investigation and evidence recovery in a mass fatality resulting from an act of terrorism. In any mass fatality resulting from any cause other than terrorism, the FBI supports the agency that is leading the investigation and the evidence recovery. Additional FBI assets available to support a mass fatality incident include, but are not limited to, Special Agent Bomb Technicians, Hazardous Materials Response Teams, Special Weapons and Tactics Teams, Hostage Negotiations, Evidence Response Teams, Weapons of Mass Destruction Experts, and Crisis Management Support.

## **24.6 *Federal Reimbursement***

Following a Presidentially Declared Disaster, the state and local government may be eligible for reimbursement of some costs incurred during the response. For this reason, maintaining accurate financial records for the incident is essential.

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## **25 Incident Closeout**

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### **25.1 *Follow-Up***

Following a mass fatality incident there will be an After Action Review (AAR). This is initiated by the responsible agency and should occur no more than a few weeks after the incident. The responsible agency may request that another agency facilitate the AAR. Representatives from each of the agencies involved in the response will be present at the AAR. This is an opportunity to discuss what went well and should be repeated in future incidents and to pinpoint areas that need improvement. The focus of the AAR is on overarching multiagency issues. Any action items that address area for improvement will be identified before concluding the AAR. To ensure action items are completed, an individual will be appointed to follow up on each item periodically. A formal report detailing the AAR will be completed and dispersed to all of the agencies that participated in the response. Individual agencies may also hold an AAR to discuss any internal plans and procedures requiring revision.

### **25.2 *Long-Term Considerations***

Following a mass fatality there will likely be long-term issues to address. These issues may include environmental damage, economic impact, grief counseling for family members and critical incident stress debriefing for staff, ongoing missing person activities, as well as unidentified human remains and unclaimed bodies. Agencies responsible for managing the long-term impacts will depend on the particular issue. It is useful to discuss the anticipated long-term considerations at the AAR in order to identify the responsible agency for each outstanding tasks and issues.

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## **Appendix A            Acronyms**

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AAR – After Action Review  
ADA – Americans with Disabilities Act  
CARS – Collision Analysis and Reconstruction Section  
CBRN – Chemical, Biological, Radiological, Nuclear  
CDC – Center for Disease Control  
CISM – Critical Incident Stress Management  
CME – Chief Medical Examiner  
DFS – Department of Fire Services  
DMORT – Disaster Mortuary Operational Team  
DPH – Department of Public Health  
EMAC – Emergency Management Assistance Compact  
EMS – Emergency Medical Services  
EOPSS – Executive Office of Public Safety and Security  
ESF – Emergency Support Function  
FAC – Family Assistance Center  
FBI – Federal Bureau of Investigation  
FEMA – Federal Emergency Management Agency  
IEMAC – International Emergency Management Assistance Compact  
JFSOC – Joint Family Support Operations Center  
JIC – Joint Information Center  
MBTA – Massachusetts Bay Transportation Authority  
MEMA – Massachusetts Emergency Management Agency  
MFDA – Massachusetts Funeral Directors Association  
MGL – Massachusetts General Law  
MMRS – Metropolitan Medical Response Systems  
MOU – Memorandum of Understanding  
NIOSH – National Institute for Occupational Safety and Health  
NTSB – National Transportation Safety Board  
OCME – Office of the Chief Medical Examiner  
OSHA – Occupational Safety and Health Administration  
PAPRS – Powered Air-Purifying Respirators  
PPE – Personal Protective Equipment  
SAR – Search and Recovery  
SEOC – State Emergency Operations Center  
USC – United States Code

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## Appendix B      Supporting Agency Roles and Activation

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The following agencies and organizations will provide support as needed:

*Note: the following table is not complete and will be refined and updated following interagency meetings and planning exercises.*

| Supporting Agency  | Resources and Role/Responsibilities   | Method of Activation / Contact Information                         |
|--|---|--|
| Executive Office of Public Safety and Security             | <ul style="list-style-type: none"> <li>Public information/media relations</li> <li>Representative of and liaison to the Office of the Governor</li> <li>Coordination amongst local state and federal public safety and emergency management agencies</li> </ul> |  |
| Department of Public Health, Emergency Preparedness Bureau | <ul style="list-style-type: none"> <li>Public health support and resource coordination</li> <li>Public information/media relations for a pandemic/disease outbreak</li> </ul>   | MEMA   |
| American Red Cross   | <ul style="list-style-type: none"> <li>Mental health support</li> <li>Family assistance,</li> <li>Mass feeding</li> </ul>   |  |
| Department of Mental Health                                | <ul style="list-style-type: none"> <li>Mental health support</li> <li></li> </ul>   | MEMA   |
| Massachusetts Funeral Directors Association                | <ul style="list-style-type: none"> <li>Transport of remains</li> <li>Family assistance</li> </ul>   | <i>Current contracts need to be evaluated and possibly updated</i> |
| Massachusetts Peer Support Network                         | <ul style="list-style-type: none"> <li>Critical incident stress management for responders</li> </ul>  | MEMA   |
| Department of Fire Services                                | <ul style="list-style-type: none"> <li>Hazmat management</li> <li>Situation assessment</li> <li>Formulate safety protocols</li> <li>Decontamination</li> <li>Incident support</li> </ul>  | MEMA   |
| Hospitals  | <ul style="list-style-type: none"> <li>Patient tracking</li> <li>Death reporting, managing a surge of patients/decedents</li> </ul>   |  |
| Local Law Enforcement Agencies                             | <ul style="list-style-type: none"> <li>Security</li> <li>Crime scene investigation</li> <li><i>Missing persons investigations</i></li> </ul>  |  |
| Local Emergency Management Planners                        | <ul style="list-style-type: none"> <li>Resource coordination with the state</li> <li>Local Public Information Officer</li> </ul>  |  |
| Emergency Medical Services                                 | <ul style="list-style-type: none"> <li>Patient tracking</li> </ul>  |  |
| Metropolitan Medical Response Systems                      | <ul style="list-style-type: none"> <li>Support for large scale incidents</li> </ul>   |  |



| Supporting Agency                                     | Resources and Role/Responsibilities  | Method of Activation / Contact Information  |
|---|--|---|
| (MMRS)  |  |   |
| Fire Departments                                      | <ul style="list-style-type: none"> <li>• Fire suppression</li> <li>• Emergency medical services</li> <li>• Incident management</li> </ul>  |   |
| State Police  | <ul style="list-style-type: none"> <li>• Security</li> <li>• Crime scene investigation</li> </ul>  |   |
| State Police Crime Lab                                | <ul style="list-style-type: none"> <li>• Evidence processing</li> <li>• Crime scene processing</li> <li>• <i>Photography of bodies in the morgue and maintain a chronological log</i></li> </ul>   |   |
| Massachusetts Port Authority                          | <ul style="list-style-type: none"> <li>• Incident morgue and family assistance in Metro Boston</li> </ul>  |   |
| MBTA Transit Police                                   | <ul style="list-style-type: none"> <li>• Security and crime scene investigation for incidents involving MBTA</li> </ul>  |   |
| Salvation Army  | <ul style="list-style-type: none"> <li>• Support for first responders</li> </ul>   |   |
| National Guard  | <ul style="list-style-type: none"> <li>• Logistical support</li> <li>• Personnel</li> <li>• FSRT Teams</li> <li>• Decon Support</li> </ul>   |   |
| Department of Public Health Radiation Control Program | <ul style="list-style-type: none"> <li>• Support for radiological incidents</li> </ul>   |   |
| Mass211   | <ul style="list-style-type: none"> <li>• Telephone inquiries</li> </ul>  |   |
| Local Boards of Health                                | <ul style="list-style-type: none"> <li>• Issuance of burial permits</li> </ul>   |   |
| DMORT   | <ul style="list-style-type: none"> <li>• Disaster portable Mortuary unit</li> <li>• Remains recovery subject matter expert support</li> <li>• Family Assistance Center staffing</li> <li>• Victim Identification Program (VIP)</li> <li>• Mortuary staffing</li> </ul> | Coordinated through the Region 1 FEMA Regional Emergency Coordinator – 15 New Sudbury Street, Suite 2100 Boston, MA 02203, 617-565-1159, 617-565-1485, 617-565-1481   |
| NTSB  | <ul style="list-style-type: none"> <li>• Coordinates integration of federal resources, other organizational resources, and air/rail carrier resources</li> </ul>   | Legislatively activated following an air, rail or pipeline disaster. 490 L-Enfant Plaza, East, SW Washington DC 20954 <a href="mailto:assistance@ntsb.gov">assistance@ntsb.gov</a> , 202-314-6185, 800-683-9369 |
| NCMEC   | <ul style="list-style-type: none"> <li>• Missing Persons investigations</li> </ul>   |   |
| FBI Office of Victim Assistance                       | <ul style="list-style-type: none"> <li>• Ensures that victims of crime receive the rights they are entitled to and the assistance they need to cope</li> </ul>   | 935 Pennsylvania Ave. NW<br>Washington DC 20535 202-324-3000  |

Upon activation of the Mass Fatality Management Plan, Unified Command may activate the MA Peer Support Network. The MA Peer Support Network will coordinate with the local CISM team and the State Coordinator (Appendix C).

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## **Appendix C      Critical Incident Stress Management (CISM) Team Directory**

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*Note: the following information may be out of date and will be refined and updated following interagency meetings and planning exercises.*

District Teams serve the towns within their fire district.

MA Peer Support Network  
Sandy Scerra, Coordinator  
978-808-7454 (cell)  
978-630-0099 (home)

District 1  
Cape & Islands  
Crystal LaPine, Coordinator  
800-352-7141

District 2  
Plymouth County  
Debi Ladd, Coordinator  
508-747-1779  
508-789-7000 (cell)

Districts 3&4  
Bristol/Norfolk  
Keith H. Jackson, Coordinator  
508-951-2951

Districts 5&15  
Metro Boston  
Diane Moran, Coordinator  
617-746-7676

District 6  
Greater Lowell  
Mike Curran/Tom Greenhalgh, Coordinators  
800-614-CISM (2476)

District 7  
Central Mass  
Bill Bernhart, Coordinator  
508-799-7306

District 8

Montachusett  
Gil Bernard, Coordinator  
508-899-0055

Districts 9, 10, 11, 12  
Western MA  
Linda Moriarty, Coordinator  
413-586-6065

District 13  
Metro Boston Fire  
Frank Jones, Coordinator  
781-249-2182

District 14  
Concord/Carlisle  
David Flannery, Coordinator

Additional Teams Serving the Network:

Cambridge Fire  
Mike Travers, Coordinator  
617-571-2697

WINGS  
Kathy Minehan, Coordinator  
617-416-0773

PFFM  
John Brown, Coordinator  
617-791-9285

Worcester Fire  
Ken Dion, Coordinator  
508-951-3466

Boston Police  
Tom Famolare, Coordinator  
617-224-2752

Boston EMS  
Virginia Famolare, Coordinator  
617-968-0833

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## Appendix D      Pandemic Death Surge Response Information

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*Note: Appendix D is not complete and will be refined and updated following interagency meetings and planning exercises.*

### **Response Characteristics:**

The response to a pandemic natural death surge will be somewhat different than a response to a sudden unexpected mass fatality. This is because in a pandemic natural death surge:

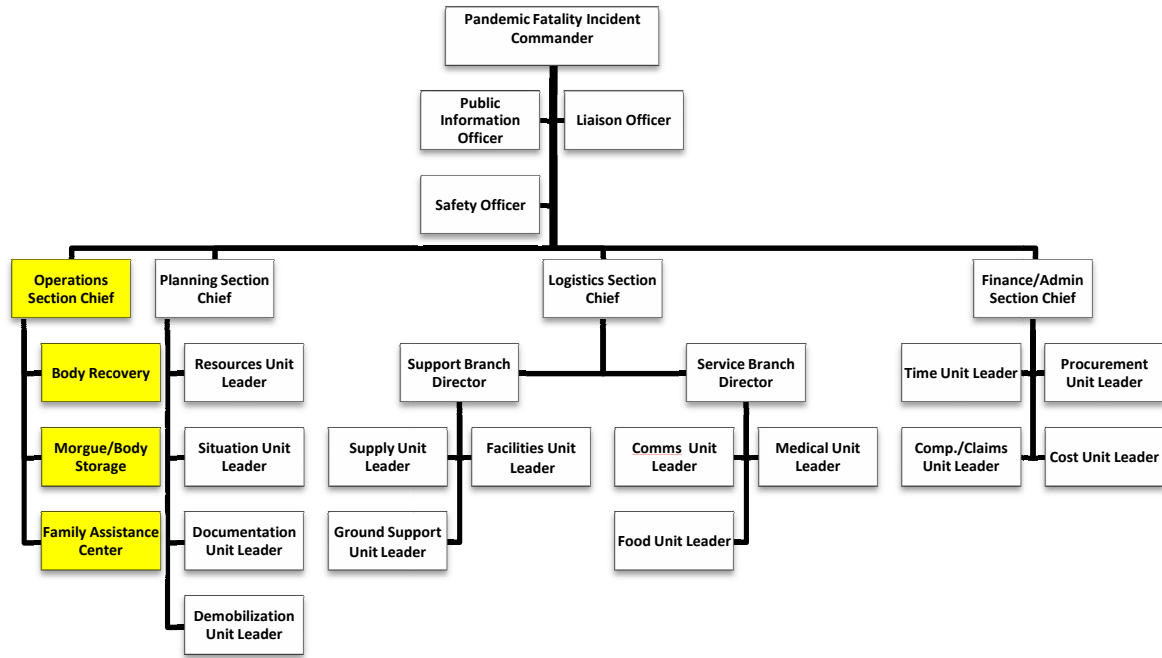
- Personnel to support the response will be limited, resulting in general limitations to external supplies and equipment.
- The organization managing the response may only get limited help from outside jurisdictions.
- Death certificate issuance may be delayed. This delay will most likely not be due to a large number of unidentified bodies but rather because of a lack of resources to process the bodies and death certificates.
- Mortuary operations will primarily focus on body tracking and long term storage until the body can be processed for final disposition rather than identification for release to the family
- The organization managing the mass fatality response will most likely know the identity of the bodies but the family and funeral homes will not be in a position to accept the bodies for an extended period of time.
- Deaths may be attended as well as unattended.
- Family Assistance centers will likely be virtual rather than traditional (See Section 19.3)
- There should be a window of opportunity to plan for the pandemic as the epidemic begins to surge.
- Bodies will most likely be intact and not fragmented.

### **Plan Activation:**

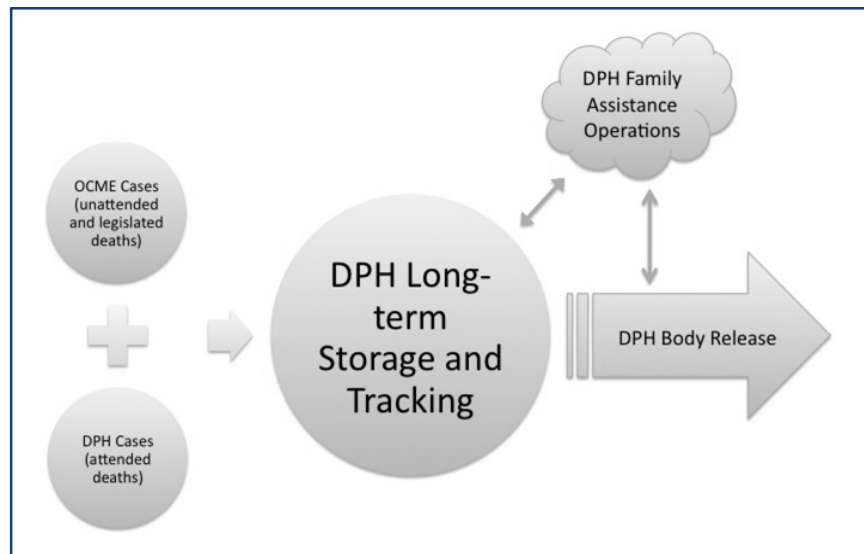
As the majority of the deaths will most likely be attended and will not fall under the jurisdiction of the OCME, the Commissioner of the DPH shall activate the Plan.

### **Mass Fatality Response Overview:**

The following organizational chart depicts at a high level the roles for the response.



The following diagram outlines, at a high level, the mass fatality operations following a pandemic death surge.



## Agency Management Roles and Responsibilities:

### DPH

The DPH will be the responsible agency for the fatality management. This will include:

- Situational assessment
- Determining the need for additional response assistance
- Requesting assistance as necessary.
- Coordinating recovery operations from hospitals
- Establishing morgue/storage operations
- Establishing and maintaining documentation and numbering system
- Establishing and coordinating Family Assistance Center operations
- Providing briefings for government officials, victims' families, the media, and mass fatality response workers as appropriate
- Providing information to the public regarding response activities
- Issuing death certificates for non-OCME cases
- Releasing remains to family
- Properly depositing unknown and or unclaimed bodies.

*Should we add a section for the hospitals? Will they have a management role?*

## **OCME**

The OCME will be responsible for the following as appropriate:

- Situational assessment of unattended deaths
- Determining the need for additional response assistance
- Requesting assistance as necessary
- Coordinating recovery operations for unattended deaths
- Establishing morgue operations for identification and determining cause and manner of death
- Issuing death certificates as appropriate
- Establishing and maintaining documentation and numbering system for bodies in OCME custody
- Releasing bodies to the agency responsible for long-term storage or to the family if appropriate
- Establishing and coordinating family assistance center operations for antemortem data collection for missing persons cases as needed
- Support DPH in providing briefings for government officials, victims' families, the media, and mass fatality response workers as appropriate
- Notifying the legal next of kin of identifications directly or by designee
- Ensuring proper disposition of unknown and or unclaimed bodies pursuant to MGL 38.

## **MEMA**

MEMA will assist with resource coordination by locating and activating resources and facilitating resource requests from local, regional, state and federal agencies as appropriate.

## **Resource Coordination:**

Based on the fact that a pandemic is expected to be a nation-wide incident there will be little if any help from outside the Commonwealth of Massachusetts. The ability of agencies within Massachusetts to respond will be dependent on how they have been impacted by the pandemic. It will be important for the DPH to closely coordinate the activities of supporting agencies in order to minimize the duplication of services and avoid having a disjointed response. The following agencies and organizations may provide support as needed:

| <b>Supporting Agency</b>                       | <b>Role and Responsibilities</b>  | <b>Method of Activation/Contact Information</b> |
|--|---|---|
| Executive Office of Public Safety and Security | <ul style="list-style-type: none"> <li>• Public information/media relations</li> <li>• Representative of and liaison to the Office of the Governor</li> <li>• Coordination amongst local state and federal public safety and emergency management agencies</li> </ul> |   |
| <i>Department of Corrections</i>               | <i>????</i>   |   |
| American Red Cross                             | <ul style="list-style-type: none"> <li>• Mental health support</li> <li>•</li> </ul>  |   |
| Department of Mental Health                    | <ul style="list-style-type: none"> <li>• Mental health support</li> <li>•</li> </ul>  |   |
| Massachusetts Funeral Directors Association    | <ul style="list-style-type: none"> <li>• Transport of remains</li> </ul>  | <i>Current contracts need to be evaluated</i>   |
| Massachusetts Peer Support Network             | <ul style="list-style-type: none"> <li>• Critical incident stress management for responders</li> </ul>  |   |
| Department of Fire Services                    | <ul style="list-style-type: none"> <li>• <i>Dispersion of Home Body Bag Kits</i></li> <li>• <i>Might they transport remains?</i></li> </ul>   |   |
| Hospitals                                      | <ul style="list-style-type: none"> <li>• Patient tracking</li> <li>• Death reporting, managing a surge of patients/decedents</li> </ul>   |   |
| Local Law Enforcement Agencies                 | <ul style="list-style-type: none"> <li>• Security</li> <li>• Crime scene investigation as needed – investigate questionable cases and alert the OCME</li> </ul>   |   |
| Local Emergency Management Planners            | <ul style="list-style-type: none"> <li>• Resource coordination with the state</li> </ul>  |   |
| Emergency Medical Services                     | <ul style="list-style-type: none"> <li>• Patient tracking</li> </ul>  |   |
| Fire Departments                               | <ul style="list-style-type: none"> <li>• Emergency medical services Incident management</li> </ul>  |   |
| State Police                                   | <ul style="list-style-type: none"> <li>• Assist with Missing Persons</li> </ul>   |   |



|                        |   |  |
|------------------------|---|--|
|                        |   |  |
| Salvation Army         | Support for first responders  |  |
| National Guard         | <ul style="list-style-type: none"> <li>• Logistical support</li> <li>• Personnel</li> <li>• Resources</li> <li>• <i>Body recovery</i></li> </ul>  |  |
| Mass211                | <ul style="list-style-type: none"> <li>• Telephone inquiries</li> <li>• Provide general information on how to: <ul style="list-style-type: none"> <li>○ Report a death</li> <li>○ How to get a body released</li> </ul> </li> <li>• How to get a death certificate</li> </ul> |  |
| Local Boards of Health | <ul style="list-style-type: none"> <li>○ Issuance of burial permits</li> </ul>  |  |
| Other????              | <ul style="list-style-type: none"> <li>•</li> </ul>   |  |

Other agencies not listed may have authorities, resources, capabilities, or expertise required to support response to a mass fatality incident. These agencies may be requested to participate in the response as needed

### **Data Management:**

DPH will need to track the decedents from first report through body release. Additionally, all authorized agencies (medical examiner, hospitals, nursing homes) will need to have access to the system to report and automatically get a body tracking number.

### **Organ Donation:**

Due to the nature of the nature of the deaths and the time from death to body release organ donation will not be appropriate.

### **Body Recovery:**

#### **From Hospitals**

The hospital will notify the DPH of the death and obtain a human remains number. The Hospital will follow DPH's written guidelines/procedures for reporting and tagging the bodies. If the hospital can release the body to the family they will, but if release is not possible, the hospital will make arrangements with DPH for body pick up. It is expected that the hospital may need to hold the body until such time that the body can be released.

#### **Outside of Hospitals**

##### **Attended deaths**

The first responder or physician will notify the DPH of the death and will obtain a human remains number. The notifier will follow DPH's written guidelines/procedures for reporting and tagging the bodies. The DPH's authorized representative will collect the bodies and will give the notifier a receipt marked with the body tracking number.

**Unattended deaths**

The first responder will notify the OCME and the OCME will be responsible for the removal of the body.

**Mortuary and Storage (temporary internment):**

The body and the body bag will both be clearly labeled with the human remains number. The body bag will be sealed and stored in refrigerated trucks. All personal effects will be stored in the body bag. The bodies may be temporarily interned. (See Sections 15 and 17)

**Family Assistance:**

During a pandemic, mass gatherings will be prohibited. Therefore, the typical family assistance model will not be appropriate. A combination of newspapers, television, radio, Internet and Mass211 may be utilized to provide information to the public. It will be important to provide the following information:

- General Information about the pandemic
- Financial Assistance – resources, application/referral process
- Social Security – access to death and disability benefits
- Legal Assistance – insurance benefits, death-related concerns
- Health and Safety Issues – food, water, medications
- Individualized Information and Support
- Burial Site
- Death Certificate Information
- Information regarding how to keep the deceased in the home when the potential exists for a prolonged period before removal of the body

**Body Release:**

The funeral home will be provided with an authorization form from the next of kin and will coordinate with the mortuary to pick up bodies according to the established release procedures.

**Unclaimed Bodies:**

*Insert what the statute is – is there a difference between a ME case and a DPH case?*